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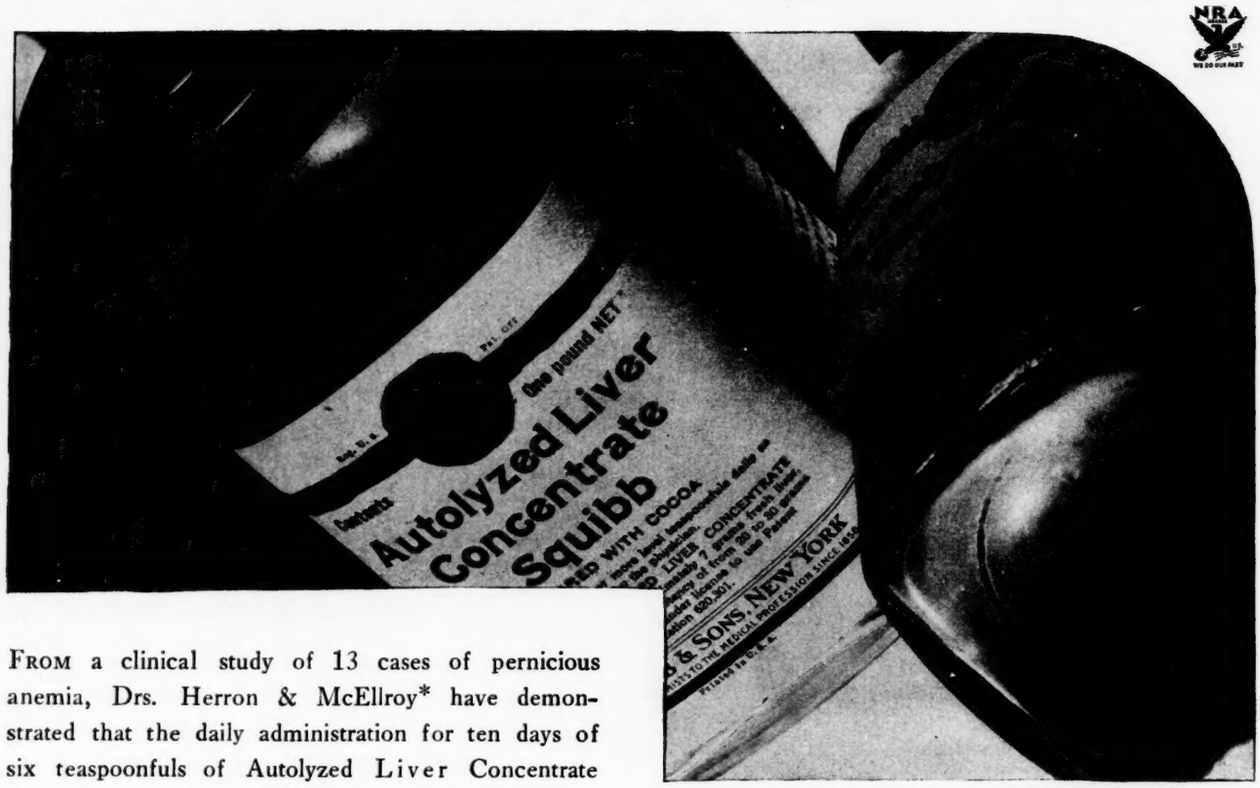

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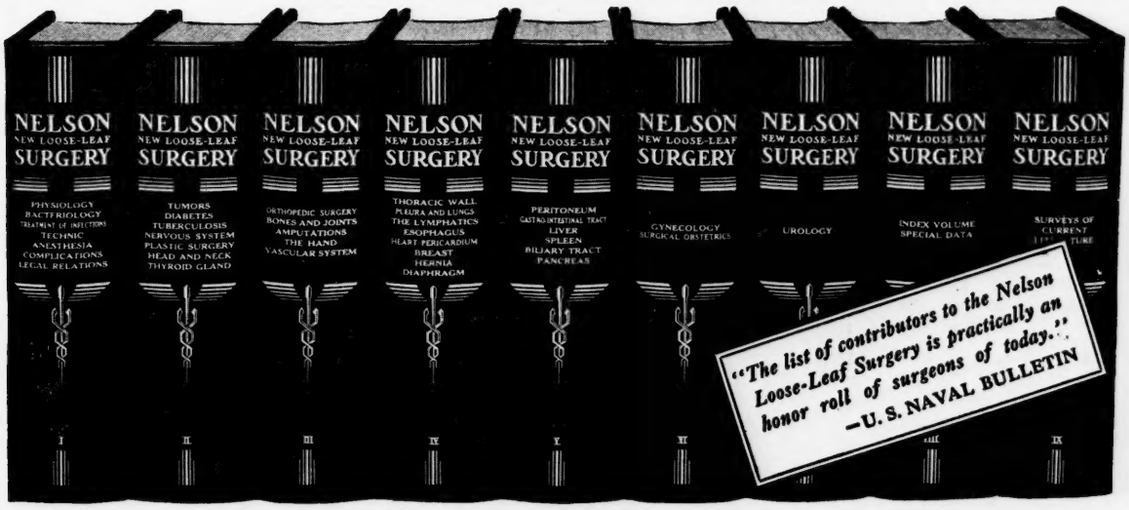
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"Maltose is especially indicated in the feeding of very young and delicate infants, and in all cases where either milk or cane sugar has produced intestinal fermentation and sugar intoxication. In the feeding of maltose it has been found advisable to combine it with about equal parts of dextrin. In Germany, and later in this country, 'Soxhlet's Nahrzucker' (which contains maltose 52.44 per cent., dextrin 41.26 per cent., and sodium chlorid 2 per cent.) has been largely used. **Mead's Dextri-Maltose (malt sugar), which contains about equal parts of dextrin and maltose, is a similar preparation which may be used instead of milk sugar or cane sugar for modifying milk mixtures.**"—*B. K. Rachford: Diseases of Children, D. Appleton & Co., New York, 1912, p. 125.*

1913

"It is well to start with one ounce (albumin milk, or albumin-buttermilk) to every pound of body-weight in the twenty-four hours, increasing gradually until two or three ounces to the pound of body-weight are being given. Then add sugar, preferably a malt sugar, about one-fourth of an ounce at a time to the twenty-four-hour quantity, until an ounce or an ounce and a half is being given."—*J. Foote: Principles of treatment in malnutrition and atrophy of infants, Interstate M. J., 20:1913, No. 6.*

1914

"Experiments show that sugars vary in their rate of absorption, some being assimilated rapidly, while others distribute their nutriment over a longer period. For example, maltose is most promptly assimilated, cane sugar next and milk sugar slowest."

"The condition in which dextri-maltose is particularly indicated is in acute attacks of vomiting, diarrhea and fever. It seems that recovery is more rapid and recurrence less likely to take place if dextri-maltose is substituted for milk sugar or cane sugar when these have been used, and the subsequent gain in weight is more rapid.

"**In brief, I think it safe to say that pediatricians are relying less implicitly on milk sugar, but are inclined to split the sugar element, giving cane sugar a place of value, and dextri-maltose a decidedly prominent place, particularly in acute and difficult cases.**"—*W. D. Haskins: Present tendencies in infant feeding, Indianapolis M. J., July, 1914.*

1914

"Milk sugar and cane sugar may be used in infant feeding, but my preference is for malt sugar. Mead and Johnson put up a convenient preparation which they call Dextri-Maltose and which consists of maltose 51 per cent., dextrin 47 per cent., sodium chloride 2 per cent., and which has a food value of about 110 calories per ounce."—*J. A. Gannon: Whole milk dilutions in feeding normal infants, Washington Med. Annals, 13:38-43, Jan., 1914.*

1914

"Dextrin-maltose causes the greatest gain in weight, cane sugar less, and lactose produces the least gain."—*M. S. Reuben: Observations on milk station infants, Arch. Pediat., 31:176-196, March, 1914.*

1914

"A composite opinion of the sugars is in favor of dextri-maltose, milk sugar and cane sugar in the order named."—*R. A. Strong: Essentials of modern artificial feeding of infants, Lancet-Clinic, March 14, 1914.*

1915

"Cane-sugar (saccharose), like most of the other disaccharids, is not absorbed as such, but must first be split by the invertase of the intestinal secretion into the two glucoses, dextrose and levulose, which are readily absorbable. Maltose (malt-sugar) occupies an exceptional position among the disaccharids, in being partly absorbable as such. This is probably due to the fact that it can be split not only by the maltase of the digestive juices, but also by the same ferment being present and active in the circulating blood (Chittenden and Mendel)."

"Anticipating a little, we may mention that all cases, in which lactose may advantageously be replaced by other carbohydrates, are pathological, and without exception the result of unsuccessful attempts at artificial feeding; they will therefore be discussed under that head.

"Dextrin, intermediate between sugar and starch, is physiologically nearer to the former; we shall have occasion to see that, under certain conditions, it may supplement sugar very advantageously. Given together with maltose, it materially delays the fermentation of the latter; Stolte observes that the more complex the carbohydrate the longer fermentation is postponed."

"All malted foods contain dextrin, and there is reason to believe that their value largely depends on their being somewhat complicated; such, at least, is the opinion of Usuki and Stolte, who believe that a mixture of carbohydrates is more slowly absorbed than a pure sugar, and therefore tends to check fermentation in the intestine. Southworth explains the matter more definitely, by attributing the antifermentative action entirely to the dextrin, which is not fermentable as such, but only after it has been split into maltose, a process that takes place only gradually, and in the later stages of digestion."

"I make it a rule to give the ordinary formula with dextrin-maltose whenever the usual milk or cane-sugar mixtures seem to cause excessive fermentation and colic, or are attended with the evacuation of soap stools. I decidedly prefer this, as a preliminary measure, to going over at once to some very low fat combination, which can only be a temporary makeshift at best. I also find dextrin-maltose an excellent addition to albumin-milk when the first object of that food has been achieved and a gain in weight is desired; in this way I have succeeded in feeding albumin-milk far beyond the period usually advised, with highly gratifying results."—*F. L. Wachenheim: Infant-Feeding; Its Principles and Practice, Lea & Febiger, Phila., 1915, pp. 31, 33, 148, 158.*

1915

"**The infant with diarrhea and vomiting is given nothing but tea for from twelve to twenty-four hours, no longer, and then the albumin milk is commenced, not over 5 gm. ten times a day, with 3 per cent. of a maltose-dextrin mixture. The amount of albumin milk is increased by 50 gm. each day until the daily ration totals 300 gm. After the weight has become stationary, carbohydrates can be added up to 5 per cent. of the maltose-dextrin mixture.**"

"Albumin milk is not so uniformly effectual in dysenteriform diarrhea as in cholera infantum. Whey seems to act better, diluted half and half with oatmeal gruel. After the starvation period he gives 50 gm. of the whey and increases by 50 gm. daily with equal amounts of oatmeal gruel. As improvement sets in ⅓ per cent. of ⅓ dextrin-maltose preparation can be added."—*L. Langstein: Cholera infantum and other severe diarrheas in infants, Therap. Monatsh., V. 29, August, 1915; Abst. J.A.M.A., 65:1314, Oct., 7, 1915.*

1915

"**Until very recently we have taken it for granted that milk sugar was the best, but now many consider that malt sugar is even better. However, the malt sugar is not used in its pure state, but in the form of extracts, as dextri-maltose.**"—*E. B. Lowry: Your Baby, Forbes & Co., Chicago, 1915, p. 162.*

1915

"In the severe cases (of diarrhea) he (Benson) uses Finkelstein's casein milk with malt sugar. He also believes that dextri-maltose is to be preferred to milk sugar or any other sugar, as the infants gain more rapidly and digest more easily this form of sugar."—*R. A. Benson: Observations on 1,500 artificially-fed infants, Med. Century, Feb., 1915, p. 33; abst. Arch. Pediat., 32:556-557, July, 1915.*

1916

In cases of malnutrition and indigestion, "The appetite improves rapidly, and the stools soon become normal in appearance, if the sugars are intelligently prescribed. By this I refer to proper proportions of dextrin and maltose. When there is a tendency to looseness, I have used the preparation known as 'dextri-maltose,' for the extra carbohydrates; . . ."—*M. Ladd: Further experience with homogenized olive oil mixtures, Arch. Pediat., 33:501-512, July, 1916.*

1916

"Least irritating of all sugars, and more readily digested and quickly absorbed, is maltose."—*H. Lowenburg: A Practical Treatise on Infant Feeding and Allied Topics, F. A. Davis Co., Phila., 1916, p. 73.*

1916

"**For the addition of sugar, I usually use dextri-maltose, which does not easily cause fermentation.**"—*L. L. Meininger: Use of Eiweissmilch, Arch. Pediat., 33:529-532, July, 1916.*

1916

In the treatment of marasmus, "Three per cent of malt sugar should be administered from the first, afterwards running up to as high a per cent as the child will take."—*L. T. Royster: A Handbook of Infant Feeding, C. V. Mosby Co., St. Louis, 1916, p. 100.*

1916

"Dextrin-maltose is valuable in cases where intestinal disturbances are due to fermentation of milk sugar."

"Treatment (of sugar intoxication) consists in eliminating the latter (whey salts) as well as the sugars from the diet temporarily, and when the symptoms have subsided, a different sugar in proper proportion should be cautiously added; maltose and dextrin are preferable, because they are not apt to produce fermentation, while milk sugar is prone to set up fever and diarrhea."—*E. E. Graham: Diseases of Children, Lea & Febiger, Phila., 1916, pp. 179-201.*

1916

"**Dextri-maltose, having a higher absorption tolerance than the other sugars, is less likely to cause intestinal disturbances when large amounts of it are given.**"—*H. R. Mixsell: A brief résumé of the rôle of carbohydrates in infant feeding, Arch. Pediat., 33:31-36, Jan., 1916.*

1917

"The carbohydrates most used in infant feeding are the three soluble sugars and starch. The three soluble sugars are lactose, or milk sugar, maltose, or malt sugar, and saccharose, or cane sugar. Maltose is not used in its pure form, on account of its cost. The various commercial preparations of maltose are combinations of maltose with various dextrins, but as in digestion dextrin is converted into maltose, the chemistry is practically the same."

When Dextri-Maltose was marketed in 1911, "without dosage directions on the package," Mead Johnson & Company pioneered the principle that infant feeding was a therapeutic problem. Up to that time far more babies were fed by grandmothers, neighbors, grocers, and commercial houses than by physicians. This Mead Policy was not readily accepted in the beginning, and it took many years of unceasing effort before the weight of the majority medical opinion finally led to mandatory action on the part of the Committee on Foods in 1932 whereby all makers of baby foods are now OBLIGED to omit dosage directions. The Mead Policy, however, does not stop here. It embraces other principles with which all physicians interested in the private practice of medicine are in agreement, such as (2) No descriptive circulars in packages, or in shipping cartons (for druggists to

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"The sugar which is not absorbed is broken down by the bacteria of the intestine into a great variety of fermentation products, among them being lactic, butyric, acetic, and succinic acids."

"Another effect of the excessive fermentation which results from a relative excess of carbohydrate in the food, is the formation of an excessive amount of gas. This may cause abdominal distention, and, extending backward, it may carry irritating acid products into the stomach, and thus cause vomiting."

"Lactose is the sugar most likely to produce acute symptoms. The stools are practically always green and very irritating. Flatulence and colic are less prominent."

"The maltose-dextrin preparations rarely produce acute exacerbations." — *C. H. Dunn: The Hygienic and Medical Treatment of Children, Southworth Co., Troy, New York, 1917, pp. 423, 424, 425, 428.*

1917

"For children who are not gaining on a normal formula with a sufficient amount of sugar of milk, or children who vomit when sugar of milk is fed, or who are constipated, the use of maltose instead of lactose often gives most satisfactory results. This is readily accomplished by substituting for the 4 or 5 per cent. of added sugar of milk an equal amount of dextri-maltose or malted milk, which latter gives, in addition to the maltose, some protein food and an insignificant amount of fat. In many cases children who have failed to gain on other food will immediately show a marked gain as soon as this change is made."—*R. G. Freeman: Elements of Pediatrics, Macmillan Co., New York, 1917, pp. 191 and 192.*

1918

"The sugars in the foods are milk sugar which is found in mother's milk as well as in cow's milk, cane sugar and malt sugar. Though milk sugar is a natural ingredient of milk it is not well borne by babies when added to their food; they digest cane sugar, the ordinary granulated sugar, much better; malt sugar is the easiest digested by babies."—*C. G. Leo-Wolf: Nursing in Diseases of Children, C. V. Mosby Co., St. Louis, 1918, p. 24.*

1918

"Maltose (malt sugar) has the advantage of being very easily digested; when part of the sugar given is maltose, many children gain more rapidly in weight than when only milk sugar or cane sugar is used."—*L. E. Holt: The Care and Feeding of Children, D. Appleton & Co., New York, 1918, p. 66*

1919

"As the baby improves and as the bowel discharges become less frequent, small amounts of sugar may be gradually added. The best sugar to use is some maltose-dextrin preparation, as it ferments less readily than lactose does."—*L. W. Hill: The etiology and treatment of the diarrheal diseases of infancy, J.A.M.A., 72:1653-1658, June 7, 1919.*

1919

"In the administration of protein milk with its large protein content, by adding to it sugar which is not easily fermented (dextri-maltose), we produce, instead of pathologic fermentation, a condition of putrefaction which changes the acidity of the intestinal contents to alkalinity, the peristalsis is decreased, the intestinal contents pass slowly through the large intestines with absorption of fluid and excretion of calcium and magnesium salts. These minerals unite with fatty acids to form the typical fat-soap-clay-coloured constipated stools characteristic of protein milk feeding, and it is at this point that dextri-maltose should be added to the food."

"The majority of the cases were kept on protein milk for a period varying from three to four weeks, and, in many instances, contrary to the usual opinion, we were able to keep the children on protein milk plus starch and dextri-maltose, sufficient for their caloric needs for a period of several months, in each instance accompanied by a substantial gain in weight and normal increase in vigor and tissue turgor with comparative freedom from digestive symptoms."—*A. Brown and I. F. MacLachlan: Protein milk powder, Canad. M. A. J., 9:528-537, June, 1919.*

1920

Regarding treatment in disturbed metabolic balance in infants, **"The one carbohydrate which seems to give the most satisfactory results in these cases is malt sugar."**—*C. H. Seybert: Disturbed metabolic balance in infancy, Hahneman. Monthly, pp. 379-382, June, 1920.*

1920

"There are three sugars commonly employed in infant feeding: (1) malt sugar or dextri-maltose, (2) cane sugar, and (3) milk sugar. Malt sugar is the most easily digested and assimilated, cane sugar next and sugar of milk the least so."—*L. O. Frech: The caloric method of artificial feeding in normal babies, Illinois M. J., 38:484-488, Dec., 1920.*

1921

"Maltose and dextrin compounds are acceptable to the infant's digestion in relatively larger quantities. They are not as sweet as cane sugar. They are of practical value when larger amounts of cane sugar are not well borne.

"The so-called 'Mead's Dextri maltose with Potassium Bicarbonate' is laxative, and in the presence of a stationary weight may be given in larger amounts."—*F. W. Fergusson: A method for the modification of cow's milk, Journal-Lancet, 41:628-629, Dec. 1, 1921.*

1921

For cases of fermentative diarrhea, ". . . the ideal plan of treatment would be to give a food which is low in sugar (the food which that group of organisms thrive on) and high in protein. Calcium caseinate milk accomplishes this purpose. In our series of cases, we found it was necessary to use the casein calcium for from 5-8 days; we then stopped it and added dextri-maltose to the formula."—*A. G. DeSanctis and L. V. Paider: The value of calcium caseinate milk in fermentative diarrhea, Arch. Pediat., 38:233-236, April, 1921.*

1921

Referring to the hypotrophic infant, "In mild cases, the addition of dextrimaltose instead of cane or milk sugar may be sufficient to obtain a gain in weight."—*C. Herrman: The treatment of nutritional disorders in artificially fed infants, New York M. J., 114:158-160, August, 1921.*

1921

"Next to woman's milk is cow's milk in simple modification with water and sugar in proper proportions and amount according to the age of the child. Milk Sugar is the most expensive and least satisfactory sugar. Dextri-Maltose is the best sugar." — *A. A. Shawkey: Infant foods and infant feeding, West Virginia M. J., 15:284-287, Feb., 1921.*

1922

"Malt sugars are of value and are better than milk sugar in increasing nutrition and adding weight."—*W. L. Carr: A group of difficult feeding cases, Arch. Pediat., 39:715-719, Nov., 1922.*

1922

"The use of other soluble carbohydrates other than lactose for milk modifications are very good. **Some believe the addition of dextrose or dextrimaltose makes the casein curd softer and easier to digest. This is questioned, but all agree that in cases of malnutrition, where the patient is intolerant to lactose and cannot get the benefit needed from the fat in the diet that the dextrimaltose is invaluable as it is the easiest sugar to digest, and can be immediately used for energy** production without undergoing further change."—*E. G. Padfield: Remarks on infant feeding. J. Kansas M. S., 22:97-101, April, 1922.*

1922

In the treatment of intestinal disturbances, "Practically the method followed has been that employed when beginning simple dilutions, starting with ¼ or ⅓ albumin milk, diluting with water, and sweetening with saccharin, except that the food has been strengthened more rapidly. Dextrimaltose No. 1 is added as soon as possible to reinforce the food value as albumin milk alone in full strength values but 13 Calories per ounce."—*S. D. Giffen: The feeding of infants based on recent experience, Ohio St. M. J., 18:829-833, Dec., 1922.*

1922

"In giving careful study to the digestive peculiarities of marasmic infants note clearly two outstanding features: an intolerance of fat and an unusual capacity for appropriating nourishment from maltose."—*G. B. Parramore: Malnutrition, Med. World, 40:148, April, 1922.*

1922

In marasmus, "When the stools have become smooth and salve-like, carbohydrate, in the form of dextri-maltose, may be gradually added up to the limit of tolerance."—*L. W. Hill: Practical Infant Feeding, W. B. Saunders Co., Phila., 1922, p. 281.*

1922

In pylorospasm, **"Before the food is given, the stomach is carefully washed until the washings return clear. The food is then given through the tube before it is withdrawn. The food given in these instances is practically always a mixture of albumin milk and a dextrin-maltose combination, a quantity sufficient to meet the needs of a child of like age and weight without gastro-intestinal disturbance."**—*C. G. Grulee: Treatment of pylorospasm in infants, J.A.M.A., 78:1183-1184, April 22, 1922.*

1922

In the treatment of diarrhea, "The sugar is added gradually as conditions admit, some sugar other than milk sugar or cane sugar being used, preferably dextrin and maltose."—*H. E. Small: Diarrhoea in bottle-fed infants, J. Maine M. A., 12:154-158, Jan., 1922.*

1922

In pyloric stenosis, "With low dextrose tolerance, a maltose dextrin preparation may be added in whole or in part. Even where the dextrose is well tolerated and gain in weight has ceased, impetus to the weight ontake may be given by the addition of a maltose dextrin preparation."—*D. J. Levy: Pyloric stenosis and pylorospasm of infancy with especial reference to medical treatment, J. Michigan St. M. S., 21:166-170, April, 1922.*

1922

In spasmophilia "Dextri maltose is the best sugar to use in these cases, in the proportion of 6 to 8 per cent."—*J. H. Reading, Jr.: Spasmophilia, Hahneman. Monthly, pp. 403-411, July, 1922.*

1922

In the treatment of marasmus, ". . . ten ½ oz. feeds of albumin milk with 3 per cent. carbohydrate altogether made up with dextri-maltose are administered in the twenty-four hours at intervals of two hours: also as much water as the child wants in between feeds. . . . If the weight has been steadily increasing the dextri-maltose is then gradually and cautiously increased to 5 per cent., and after a week or two (or four to five weeks on albumin milk altogether) a return can be cautiously made to a suitable ordinary milk-mixture if all be well."—*B. Myers: Practical Handbook on the Diseases of Children, H. K. Lewis & Co., London, 1922, p. 160.*

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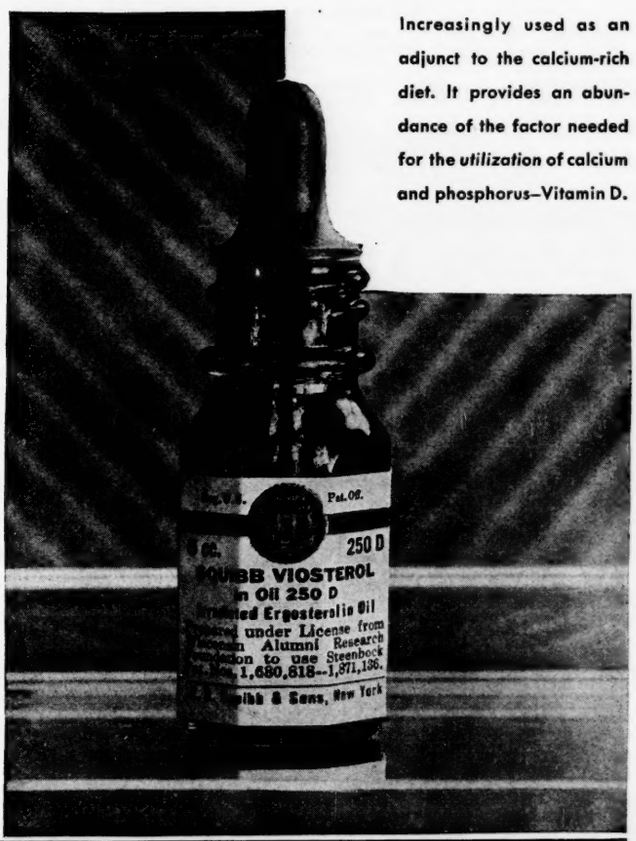

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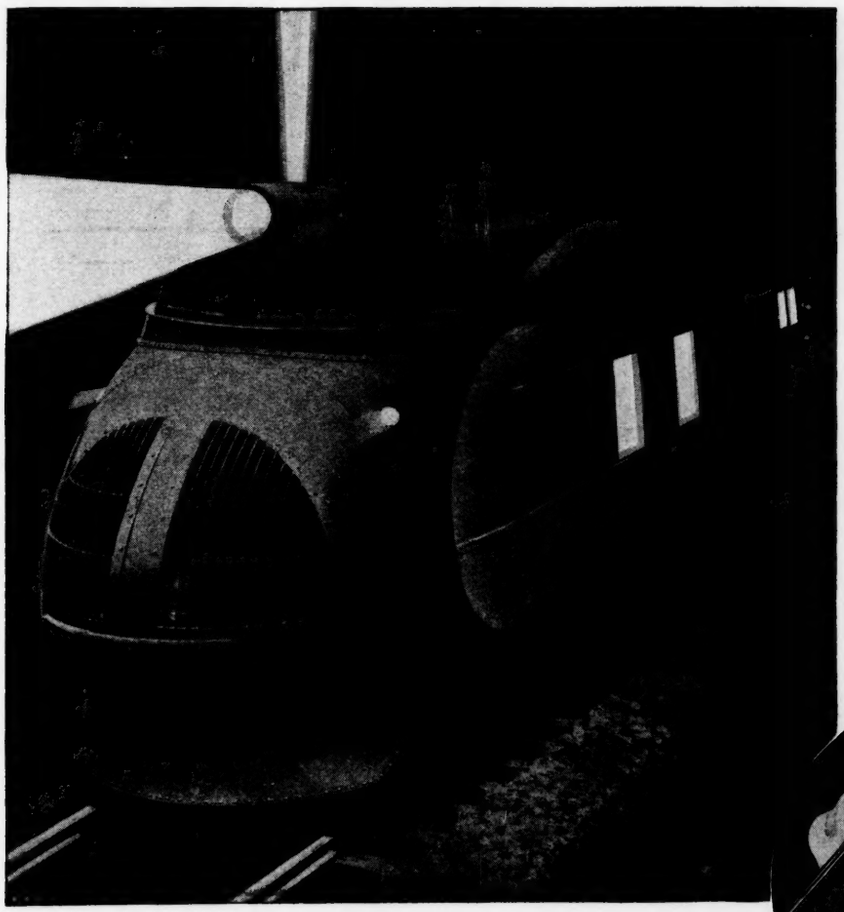

"TOMORROW'S TRAIN TODAY" the Union Pacific's new high speed train, designed to make 110 miles per hour is built of DURALUMIN, the copper-aluminum alloy possessing the strength of steel with only one-third the weight.

WEIGHT
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OUNCES

In the same measure that speed with safety and comfort are today vital to transportation, compactness and lightness with precise accuracy are essential to sphygmomanometry.

Being cast in DURALUMIN, like the Union Pacific train, the new KOMPAK Model Lifetime Baumanometer is in a class by itself. Smaller, Lighter, Handier than ever before, it possesses the scientific accuracy and simplicity that characterize every BAUMANOMETER.*

Your dealer will gladly explain its many exclusive features or send one for your inspection.

Lifetime
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*[Baumanometer is the registered trade mark which identifies only the product of the W. A. Baum Co. Inc., Originators and Makers of Bloodpressure Apparatus Exclusively. No instrument is a genuine Baumanometer unless it is so marked.]

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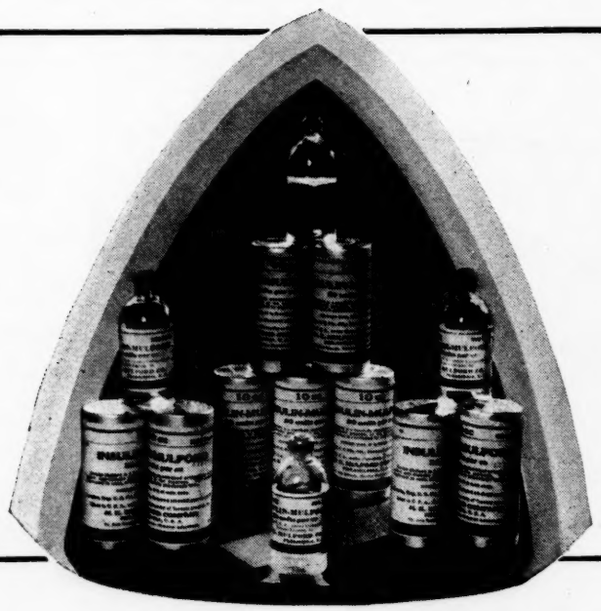
5 important Benefits

which follow insulin treatment . . .



1. Increased resistance to infections

2. Reduced surgical risk

3. Lessened danger from diabetic coma

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5. Maintenance of economic independence

—all these and others follow the proper use of Insulin in the treatment of diabetes

INSULIN-MULFORD is the active anti-diabetic hormone derived from selected pancreas, highly purified and notably free from reaction-producing proteins. It causes practically no sting on injection.

Carefully standardized by biological assay methods to insure uniformity in dosage.

5-cc. container — 10, 20 and 40-unit strengths per cc. 10-cc. container — 10, 20, 40 and 80-unit strengths per cc.

Manufactured under license from the University of Toronto, by H. K. Mulford Company, Philadelphia

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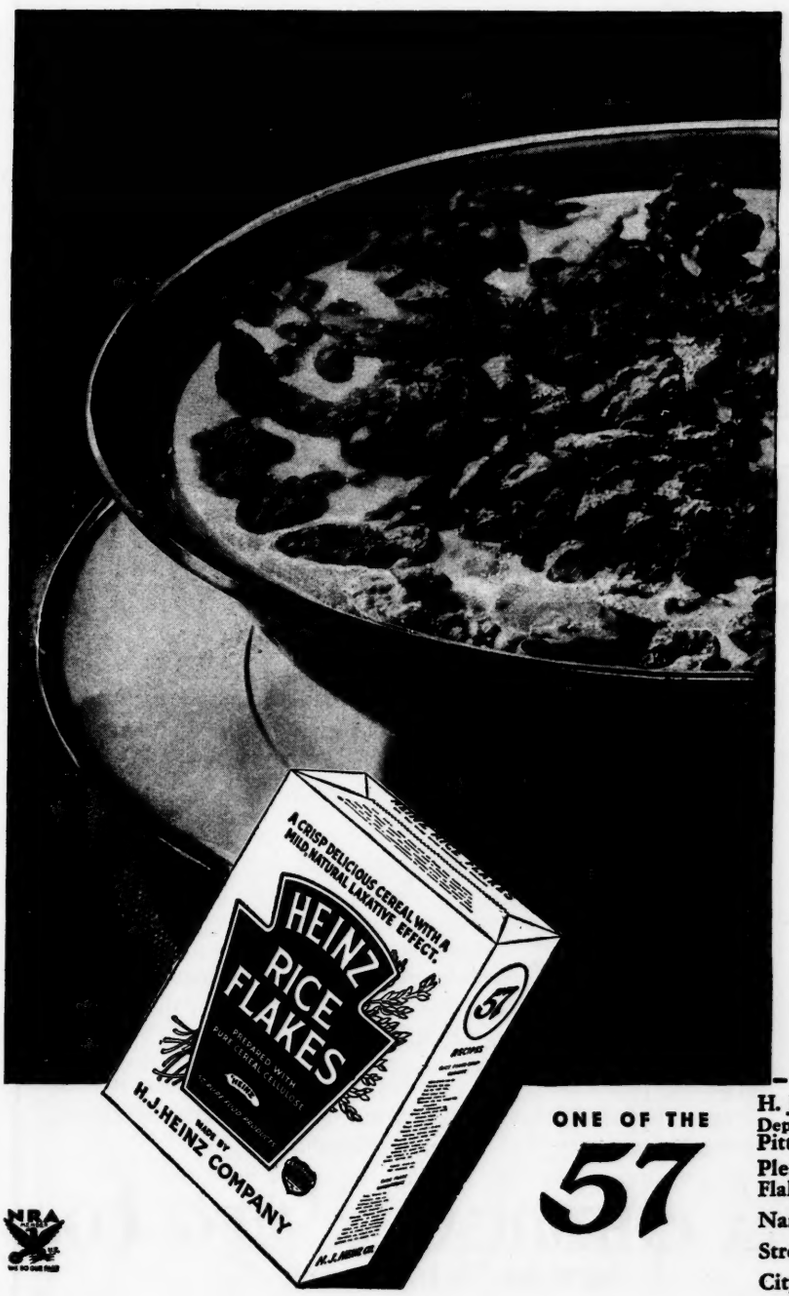
A PHYSICIAN'S IDEA

of an Excellent Cereal



HOW can the cereal needs of the growing child best be fulfilled?

First, the cereal should appeal, in flavor and consistency. Second, it should be quickly and easily digestible. Third, it should encourage regular elimination without coarse roughage.

Few cereals possess all three of these virtues. They *are* to be found in Heinz Rice Flakes. Crisp, crunchy, definitely flavored—they provide quick energy because they can be promptly digested.

Heinz Rice Flakes are the only ready-to-serve cereal to which pure vegetable cellulose has been added. This valuable ingredient, many physician's agree, is a mild, non-irritative regulator.

May we recommend Heinz Rice Flakes as a physician's idea of an excellent cereal?

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Please send Free Trial Package of ☐ Heinz Rice Flakes— ☐ Heinz Breakfast Wheat.

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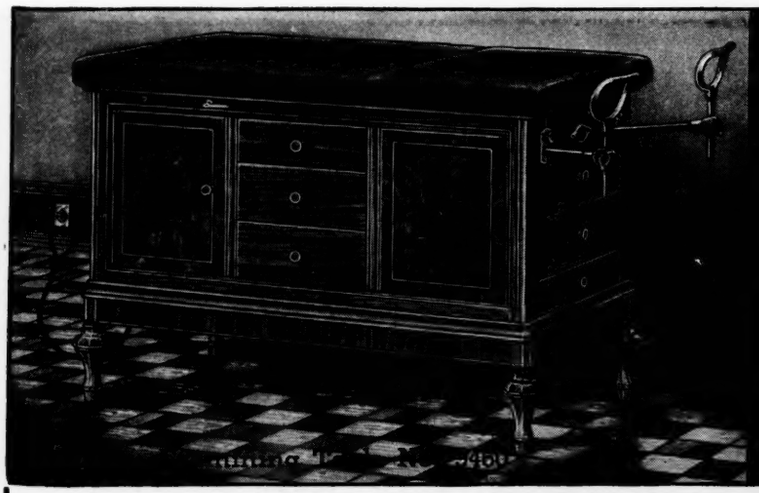

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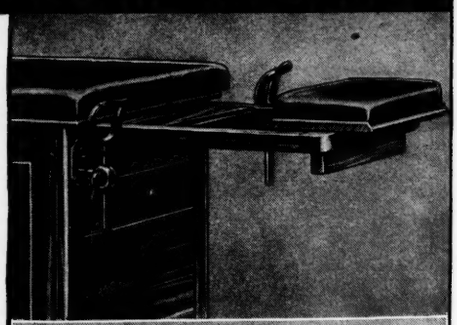

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MOBILITY~IN THIS NEW HOSPITAL MODEL SUPER ALPINE SUN LAMP

Lessened treatment time.
More patients treated.
Low cost of operation.
Stability of light arc.
Easily portable.
Perfectly balanced.

The extreme mobility of the new Hospital Model Super Alpine Sun Lamp has won the appreciation of many hospital authorities. Its perfect balance, and exceptional portability make it ideal for ward work, and other ultraviolet applications to bedridden patients.

The Hospital Type carrier is rigidly bolted to the base. Fitted with 3 rubber-tired ball-bearing 5" casters, which easily clear a 1½" door sill.

This lamp employs a quartz-mercury vapor arc burner of sufficient intensity to produce a first-degree erythema on the average person after an exposure of 30 seconds at 30 inches distance.

Surgeons, physicians, and hospital superintendents are invited to write in for further details covering general characteristics, ultraviolet intensity, and radiation distribution.

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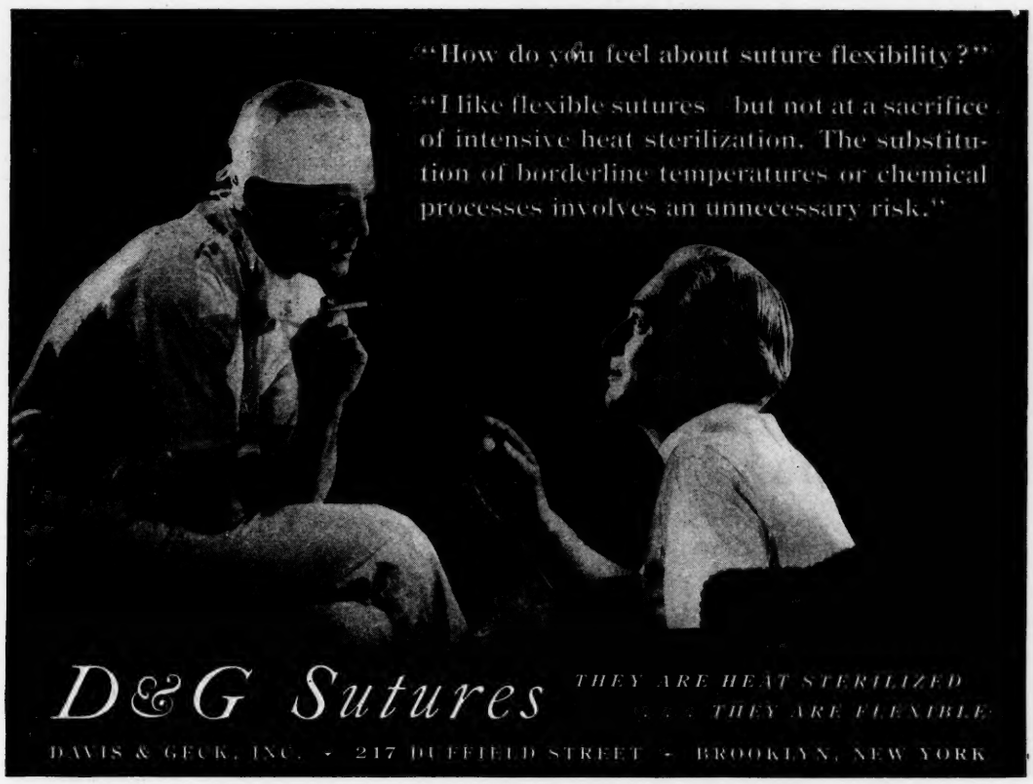
"How do you feel about suture flexibility?"
"I like flexible sutures but not at a sacrifice of intensive heat sterilization. The substitution of borderline temperatures or chemical processes involves an unnecessary risk."
D&G Sutures
THEY ARE HEAT STERILIZED . . . THEY ARE FLEXIBLE
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Stands Unexcelled in Vitamin Test of Spreads-for-Bread at Famous University

In tests of the principal kinds of spreads-for-bread at a leading American university, conducted by a physiologist of world-wide reputation, GOOD LUCK Meat Fat Margarine was found to contain both vitamins A and D.

As tested for vitamin A by the growth of rats, it was unsurpassed by any other spread-for-bread tested. As tested for vitamin D by the cure of rickets in rats, it was unequaled in these tests.*

With these facts before you it is easy to see that GOOD LUCK Meat Fat Margarine is an entirely different food from ordinary vegetable fat or "nut" margarines. Please note that GOOD LUCK is made from the highest possible grade of meat fats churned in whole milk. This difference is an important one to know when your advice is asked about margarines.

FREE: Let us send you a reprint of the complete article from The American Journal of Physiology, February, 1931. Address The John F. Jelke Company, 759 South Washtenaw Avenue, Chicago.

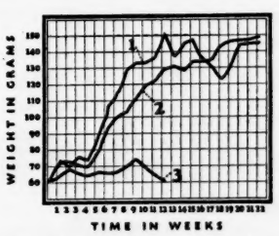


Chart based on tests conducted at a famous university and reported in The Journal of American Physiology, February, 1931.

1 Shows growth rate of rats fed GOOD LUCK Meat Fat Margarine, proving high vitamin A content of GOOD LUCK.

2 Shows growth rate of rats fed an expensive spread-for-bread, proving it equal to GOOD LUCK in vitamin A.

3 Shows growth rate of rats fed vegetable fat margarine. Marked loss of weight, shows deficiency of vitamin A in this kind of margarine.

JELKE'S

GOOD LUCK

The Meat Fat Margarine

ACCEPTED AMERICAN MEDICAL ASSN. Committee on Foods

The "Accepted" Seal denotes that Jelke's GOOD LUCK Margarine and advertisements for it are acceptable to the Committee on Foods of the American Medical Association.

18

Klim message of the month

Your Own Klim Formula FOR Individualized Feeding of the Baby

The formulae of artificial infant foods do not always "fit" all babies even if they are the same age and perfectly healthy. Healthy babies of different ages seem to require or tolerate different percentages of the food elements and *the baby with a digestive disturbance requires a wholly individual adjustment.* Solve your infant feeding problems by using YOUR OWN KLIM FORMULA—each baby is then fed as an individual and on SAFE, PURE, WHOLE POWDERED MILK in accordance with his age and condition.

AUTHORITY: "Thousands of babies are fed by mothers on formulae containing as high as 20 per cent of baby foods which are practically pure carbohydrates. . . . The fault with baby foods lies in the fact that many of them are advertised and used as complete foods without the addition of milk to the formula. Thus there is a lack of fat, protein and vitamins." (Scobey, Ralph R.: Arch. Pediat., Vol. XLVII, No. 6, June, 1930.)

PRESCRIBE
SAFE, PURE WHOLE MILK IN POWDERED FORM...

NRA MEMBER U.S. WE DO OUR PART

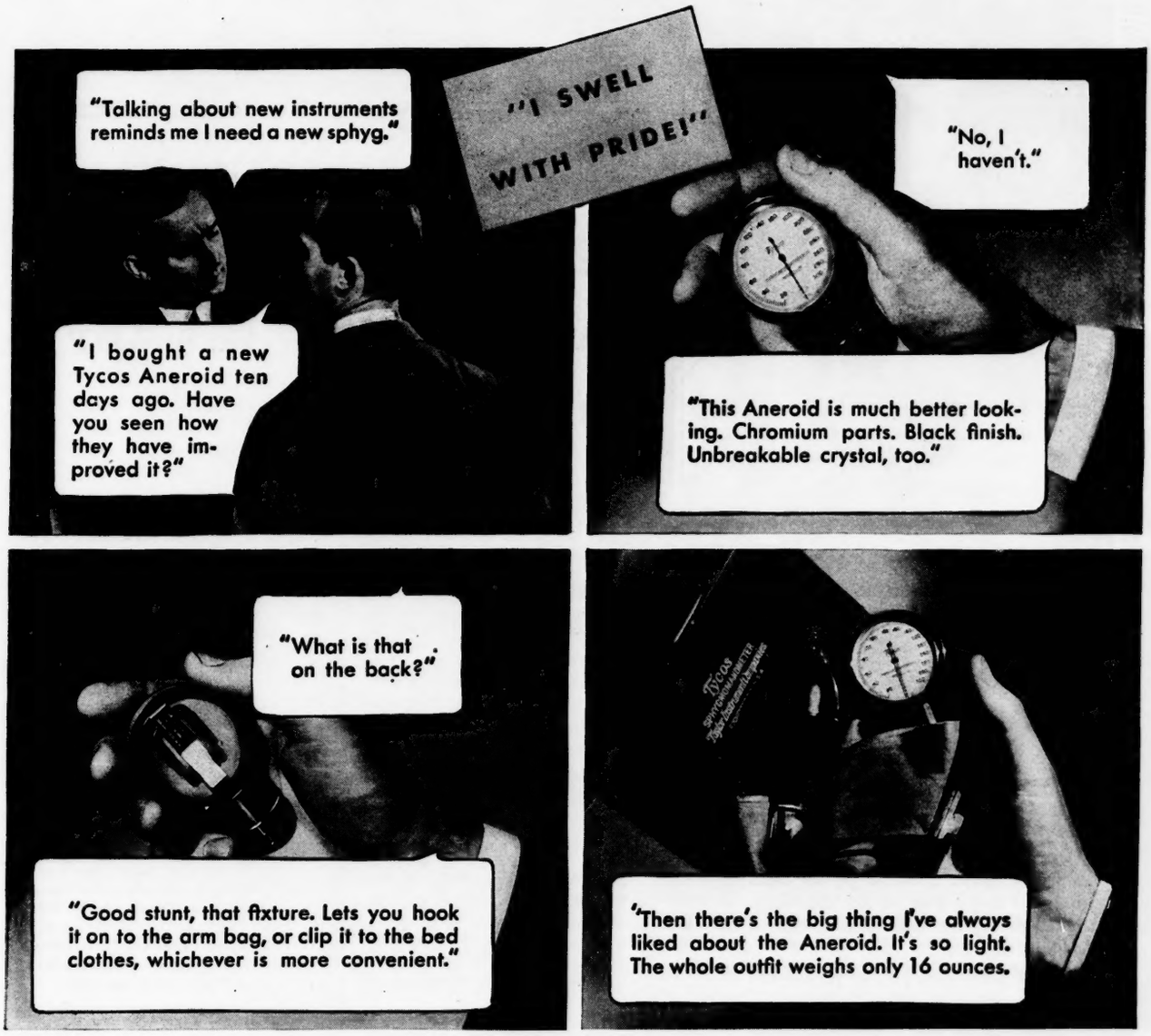
KLIM

ACCEPTED AMERICAN MEDICAL ASSOCIATION

Literature and samples, including infant feeding calculator, will be sent on request

THE BORDEN COMPANY, DEPT. KM 138, 350 MADISON AVENUE, NEW YORK, N. Y.

Incidents in the Life of Tycos Aneroid Sphygmomanometer


"Talking about new instruments reminds me I need a new sphyg."
"I SWELL WITH PRIDE!"
"No, I haven't."
"I bought a new Tycos Aneroid ten days ago. Have you seen how they have improved it?"
"This Aneroid is much better looking. Chromium parts. Black finish. Unbreakable crystal, too."
"What is that on the back?"
"Good stunt, that fixture. Lets you hook it on to the arm bag, or clip it to the bed clothes, whichever is more convenient."
"Then there's the big thing I've always liked about the Aneroid. It's so light. The whole outfit weighs only 16 ounces.

Doctors have praised these points for 25 years

EXAMINE this Sphygmomanometer and note its remarkable compactness. It slips easily in your pocket. Lift it in your hand and prove its marvelous lightness. It weighs only 16 ounces in its durable leather case. Lightweight, compactness, convenience—AND accuracy—these are the points that have pleased Tycos Aneroid owners for many years. But now note some other things.

Examine closer the smartness of its beautiful and durable black finish. This will not discolor, chip or wear off in use. Note the new dial that will not darken or discolor with age . . . the unbreakable crystal . . . the chromium-plated bright parts.

Inside there is a newly designed diaphragm chamber that assures an even greater degree of accuracy than in previous Tycos Aneroids. In fact, everything about this Improved Tycos Aneroid is worthy of the whole-hearted acceptance of the medical profession. See it at your surgical supply dealer's. Price complete, ready to use is $25.00.

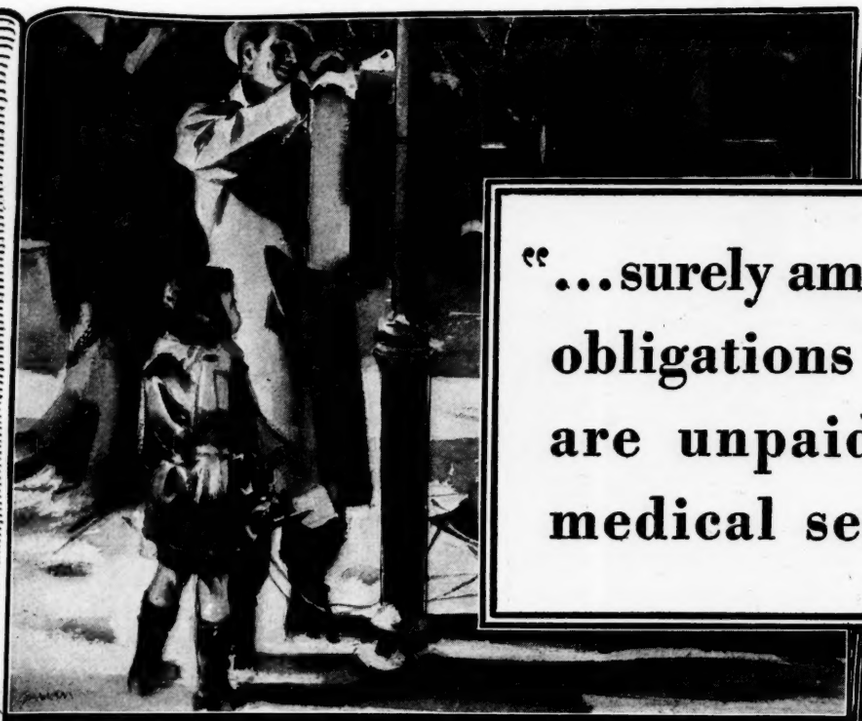
A MERCURIAL TYPE, TOO

If you prefer the mercurial type, the thoroughly accurate and durable Tycos Mercurial will answer your needs. It is a product of Taylor laboratories where mercury-actuated instruments of practically every type have been designed and made for 80 years. $25.00 complete.

With these two instruments you can satisfy your needs for blood pressure equipment for office and on calls. Taylor Instrument Companies, Rochester, New York.

Tycos

BLOOD PRESSURE INSTRUMENTS



"...surely among the first obligations to be met are unpaid bills for medical services."

The letter that took him months to write

DEAR DOCTOR:

I have just had a very unusual experience. I actually *enjoyed* paying a bill.

It is your bill. And as bills go, it has begun to take on a shabby, neglected look.

Like most people, I have had extremely tough sledding for the past few years. I had to pay my grocery bills, or get no more groceries. I had to pay the light bills, or they'd shut off the electricity. I had to pay the coal man or face an empty coal bin.

But I didn't have to pay yours—and so I put it off.

I imagine my case is not unique. For you doctors belong to a profession in which service to humanity comes before everything else. You made this evident in our case. When my wife was sick, your first thought was how to bring her back to health quickly. You stood by us through everything . . . giving without knowing when you would receive.

Now things are a little better with me. When they started to get better, both my wife and I agreed that one of the very first things we'd do, would be to pay your bill. Here is the check. And please believe me when I say that it was a genuine pleasure to write it.

With it goes my heartfelt gratitude for all you have done for us, and for the sporting way you carried us when bills were the bane of a harried existence.

Sincerely yours,

H_____G_____

* * *

Many a doctor's bill has been gathering dust these past few years. Today, with the brightening economic skies, surely among the first obligations to be met are unpaid bills for medical services.

PARKE, DAVIS & COMPANY

The World's Largest Makers of Pharmaceutical and Biological Products

FOR several years Parke, Davis & Co. has been using full page advertising space each month in leading national magazines to acquaint the general public with the services which only the physician is equipped to render—to bridge the gap between the man on the street and the doctor in his office.

As part of this "See Your Doctor" campaign, the message reproduced at the left has appeared recently in the Saturday Evening Post, Time, Hygeia, Parents' Magazine, and Maclean's Magazine.

In response to numerous requests from physicians we have reprinted this message in small folder form suitable for enclosing with physicians' statements. Copies of the advertisement, Saturday Evening Post size, printed on heavy stock appropriate for framing are also available. No charge, of course. The coupon below is for your convenience.

Parke, Davis & Company,
Detroit, Michigan.

☐ *Please mail me ..... copies of "The letter that took him months to write," in folder form, for enclosing with statements to patients.*

☐ *Please mail me a copy suitable for framing.*

.....*M.D.*

.....

● A number of physicians have volunteered the information that they are finding Velveeta helpful in making diet recommendations. It is being used as a supplement to the daily milk intake of children and as a protective factor in the diet of milk-weary convalescents. These uses are entirely logical.

Kraft Velveeta, while it has an appetizing Cheddar flavor, is *more* than cheese. It is a cheese food mixture composed of American cheese pasteurized, with the added nutritional values of milk sugar, milk albumin, milk minerals and milk salts secured from the whey of whole fresh milk. It contains 43% of moisture and 25% butter fat.

Through the addition of the whey fraction of milk, Velveeta is rich in Vitamin G which you recognize as the anti-pellagra vitamin, and essential for the growth of the young and the well-being of the adult.

Velveeta is also a rich source of Vitamin A. Its protein is practically complete for building firm flesh. It is as digestible as milk itself. And finally, Velveeta is pasteurized and packaged for complete sanitary protection.

Velveeta may be spread on crackers or bread; or sliced when it is slightly chilled. It toasts quickly, and melts smoothly to an appetizing sauce for vegetables, egg or fish dishes.

ACCEPTED AMERICAN MEDICAL ASSN.

Kraft-Phenix Cheese Corporation
General Offices, Chicago, Ill.

NRA

Note...

THE GROWING USE OF THESE PRODUCTS IN LEADING HOSPITALS

Listed here are only a few of the long list of Abbott research specialties widely used in the great hospitals of America and many foreign countries. Your hospital pharmacy is stocked or can very quickly obtain any Abbott product for your use.

● One 3-min. capsule (or ten drops) of Abbott's Haliver Oil with Viosterol supplies not less Vitamin A than three teaspoonfuls of cod liver oil containing 500 U.S.P. units per gram; and as much Vitamin D as ten drops of Viosterol 250 D. The small daily dosage of one or two capsules (ten to twenty drops) eliminates the difficulties of administration as well as the nausea and gastric distress which frequently follow the use of large doses of cod liver oil.

● Haliver Oil with Viosterol 250 D is supplied in boxes of 25 and 100 tiny, soft gelatin capsules; and in 5-cc. and 50-cc. bottles with special droppers. Specify ABBOTT.

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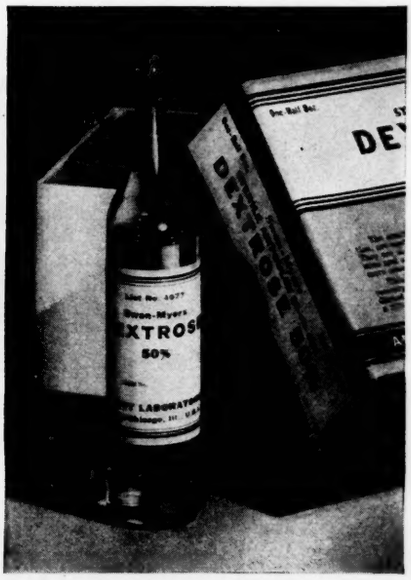
● Haliver Oil Plain, for Vitamin A deficiencies, is supplied in boxes of 50 capsules; and in 10-cc. and 50-cc. bottles with special droppers. Look for the Abbott blue packages.



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●Metaphen, one of the most powerful antiseptics and germicides, is supplied in a variety of forms to meet any antiseptic need. Metaphen 1:2500, Metaphen 1:500 and Tincture Metaphen 1:200 are the most popular and widely used forms.

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●Abbott Dextrose Ampoules contain a clear, sparkling 50% solution of Dextrose in which proved sterility is attained without the use of buffers or preservatives. Ampoules are available in five convenient sizes—5, 10, 20, 50 and 100-cc. ampoules.

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● Butesin Picrate Ointment for burns of all kinds and degrees. Supplied in 1-oz. and 2-oz. tubes; and in 1-lb. and 5-lb. jars—the latter especially suitable for hospital use.

Literature on these and other Abbott products will be gladly sent upon request. Write

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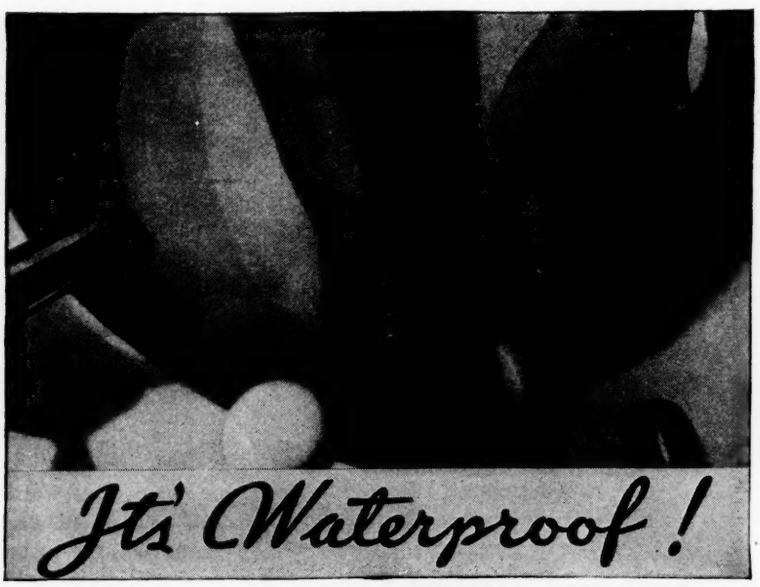

... and costs no more than white adhesive plaster

● Drybak, the waterproof adhesive plaster, makes strappings that are more practical, and less conspicuous. Its glazed surface keeps clean.

The edges of Drybak will not turn up after washing. When the plaster is removed there is practically no residue left on the skin. Drybak is suntan in color, and is therefore much less conspicuous than white adhesive plaster. In cases of visible strappings, patients, especially women, will appreciate the use of Drybak.

Drybak is supplied in cartridge spools in all standard widths, in Band-Aid, 1" x 3", in Hospital Spools, 12" x 10 yds., assorted widths, and Hospital Rolls, 12" x 5 yds., uncut. Order from your dealer.

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"The statement is frequently made that no two babies can be fed in the same manner and that the formula must be individualized in each case. This may be true when certain types of formulas are used, but it is not true in the case of formulas which meet the fundamental requirements. In this connection one should not lose sight of the fact that ***human milk,** which is admittedly the best food for the normal infant, **does not vary appreciably in composition throughout the first year,** the only changes in the feeding of the breast-fed infant being in the total amounts taken and the additional foods which are added to the diet."

Williams McKim Marriott, Infant Nutrition, 151, (1930).

•

"The natural food of the infant is ***human milk** characterized by the fact that its quality **changes very little,** the infant's growth being dependent on the increase in the amount of milk secreted."

Julius H. Hess, Feeding and the Nutritional Disorders in Infancy and Childhood, 7, (1930).

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S.M.A. is a food for infants—derived from tuberculin tested cows' milk, the fat of which is replaced by animal and vegetable fats including biologically tested cod liver oil; with the addition of milk sugar, potassium chloride and salts; altogether forming an antirachitic food.

When diluted according to directions, it is **essentially similar to human milk** in percentages of protein, fat, carbohydrates and ash, in chemical constants of the fat and in physical properties.

Consequently, as the infant grows older it is only necessary to increase the amount of S.M.A., as with breast milk. Clinical results over a period of many years show that, for infants deprived of breast milk, S.M.A. produces excellent nutritional results more simply and more quickly.

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WHEN given in the early period of measles, Pyramidon tends to reduce fever gradually and to promote the comfort of the little patient. According to recent American authors, patients tend to become "afebrile" on the second day. This is accomplished without depression of the heart. Some physicians have also reported relief of the cough.

Pyramidon will be found of value in other febrile conditions of childhood, such as scarlatina, varicella, rubella, mumps, etc. It lowers the temperature and relieves discomfort, headache, and aching.

The 1½ grain tablets which are readily crushed will be found convenient, or the very palatable Elixir of Pyramidon which contains 2½ grains to the teaspoonful.

DOSE IN MEASLES

For adults, one 5 grain tablet or two teaspoonfuls of Elixir; for children of 5 years, one 1½ grain tablet or ½ teaspoonful of Elixir.

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BRAND OF AMIDOPYRINE

DEPENDABLE ANALGESIC

HOW SUPPLIED

TABLETS: 5 gr. tubes of 10 and bottles of 100; 1½ gr. bottles of 25 and 100.
ELIXIR: 4 oz. bottles (2½ gr. per teaspoonful).

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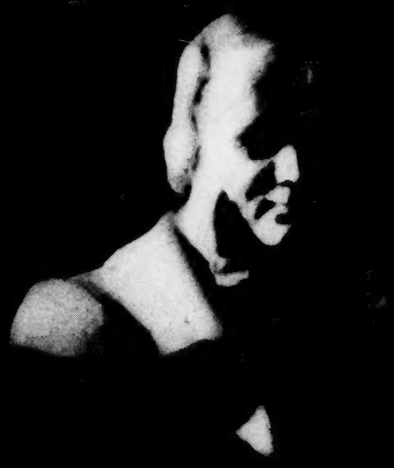

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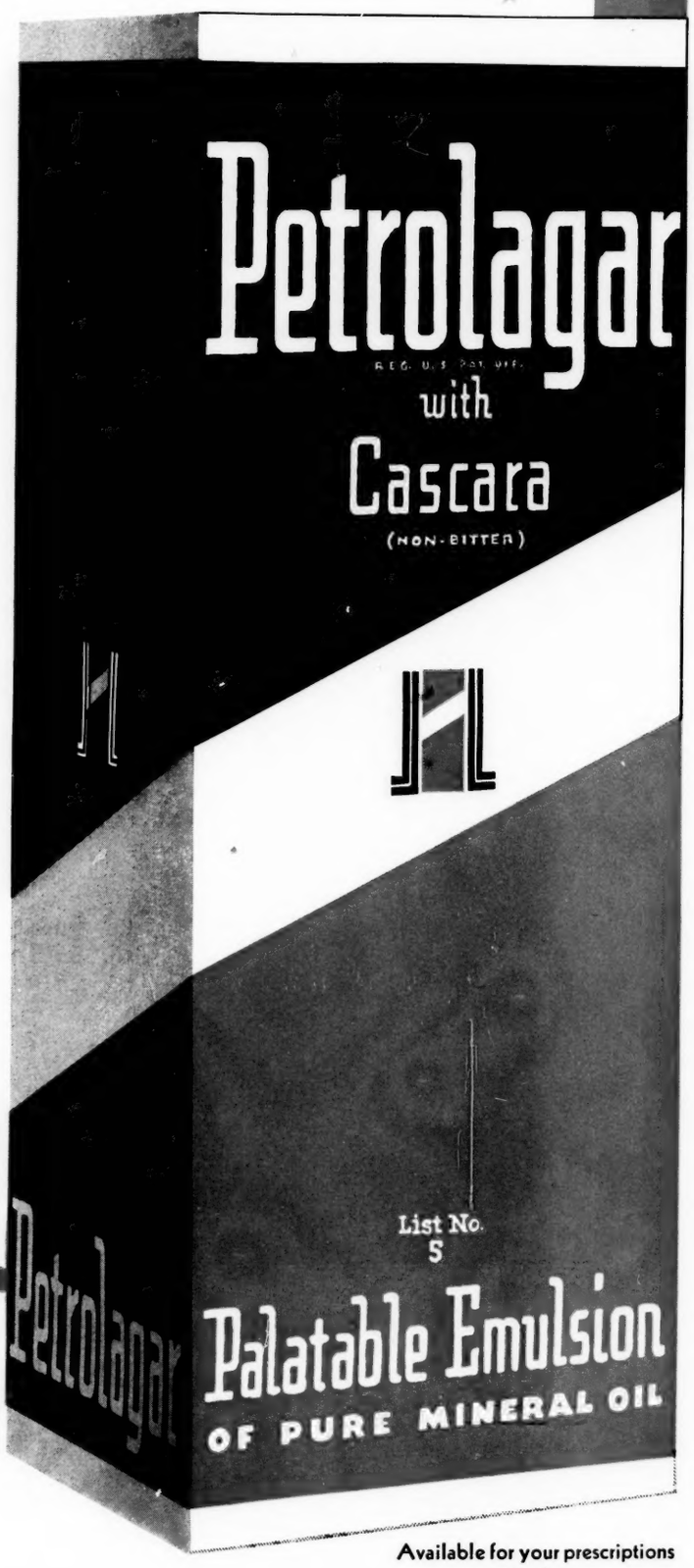

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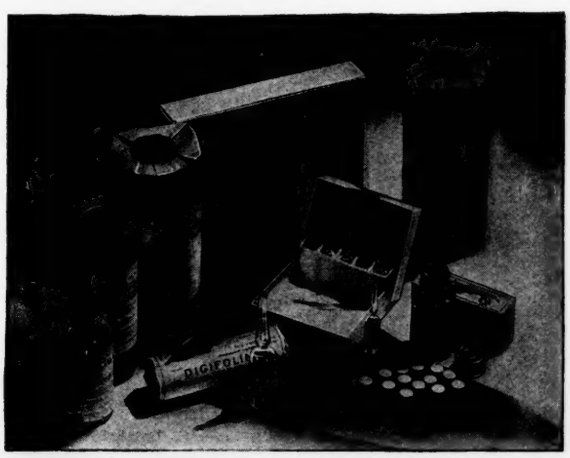

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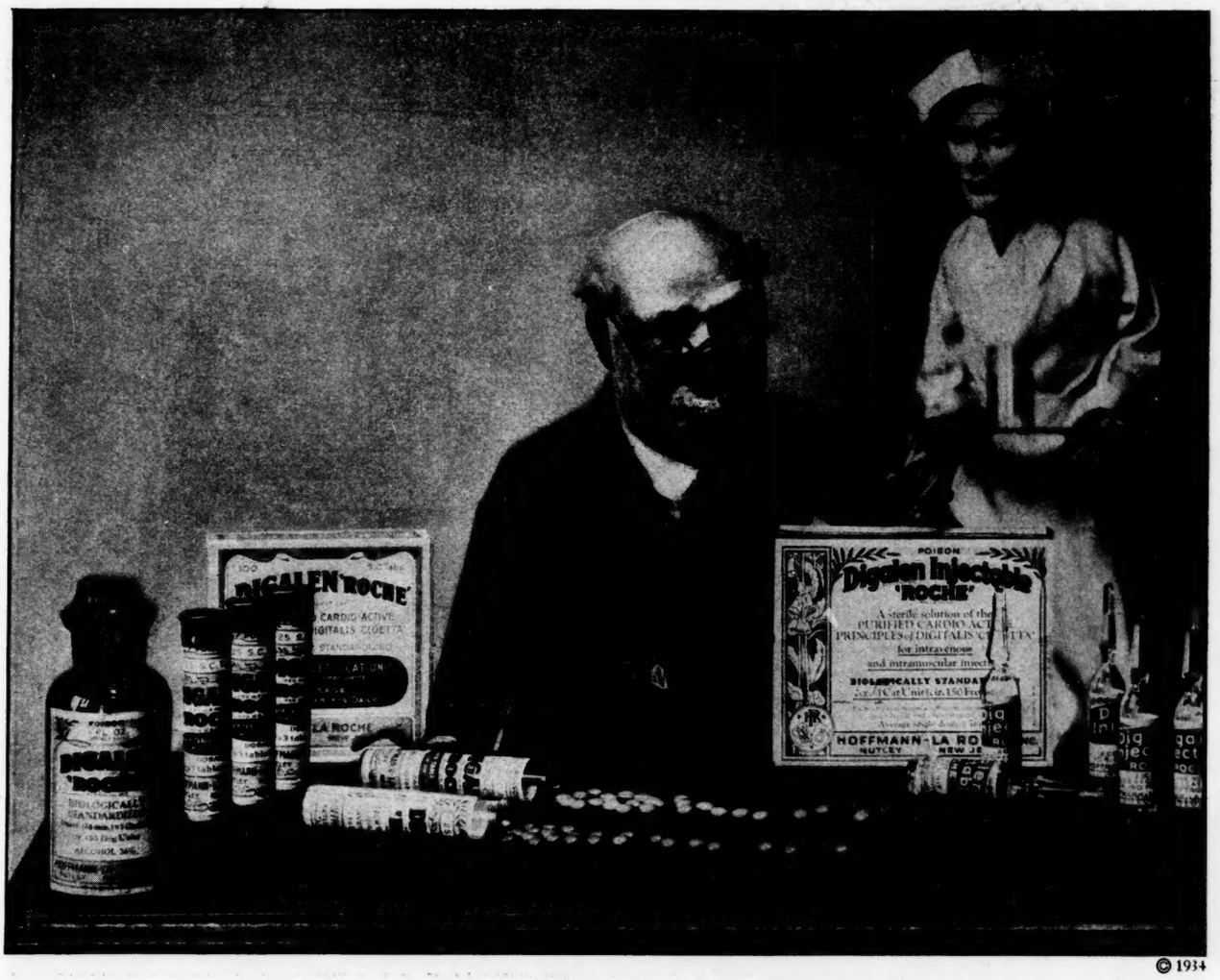

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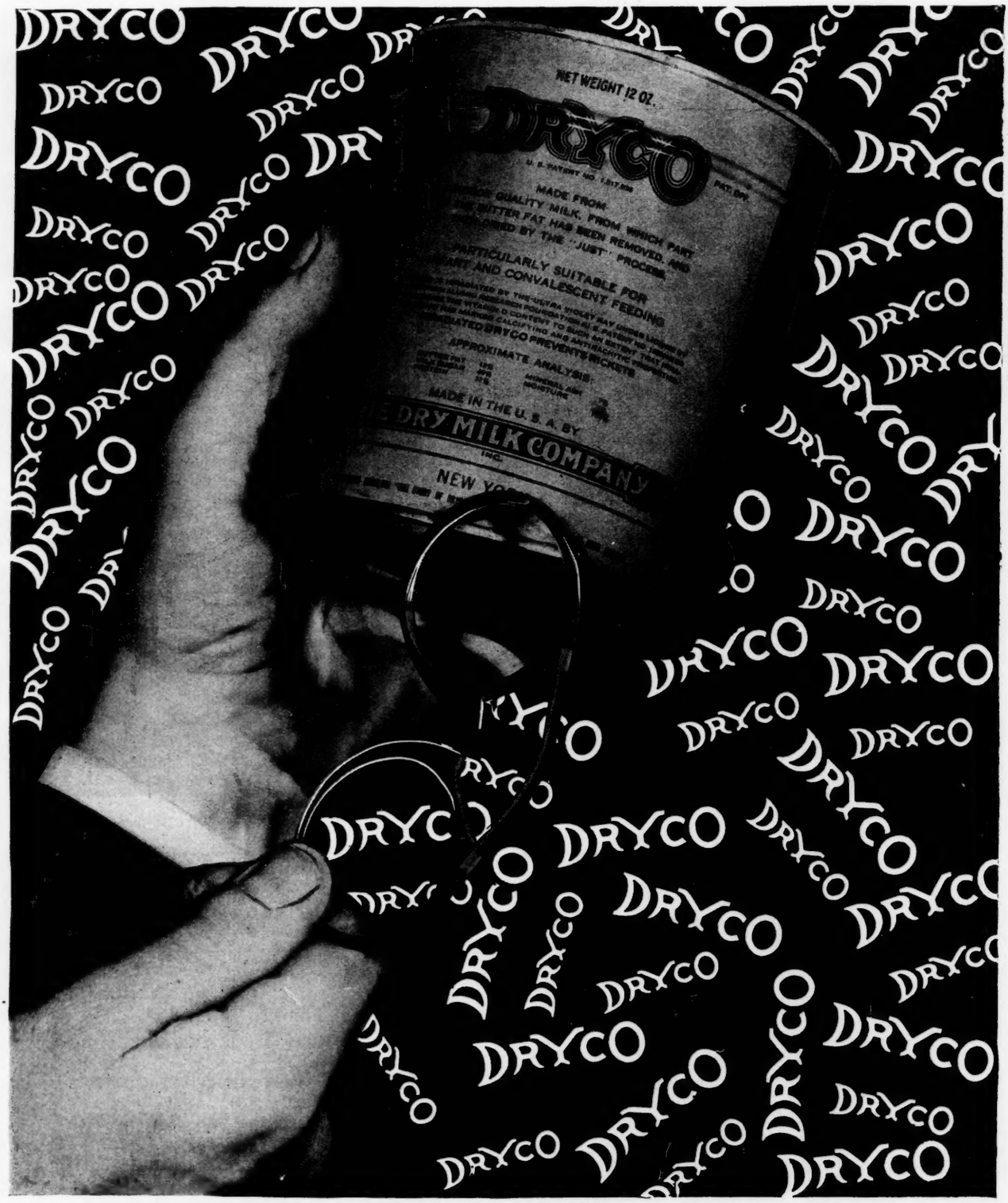

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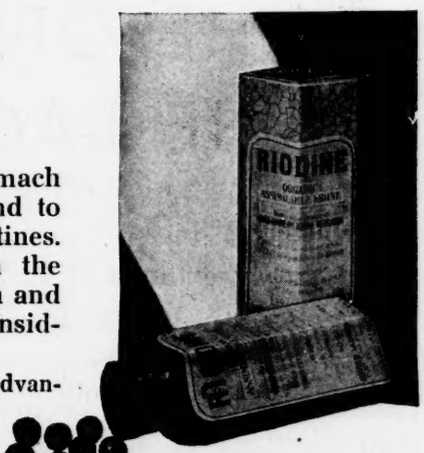

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THE RESTORATION OF THE GENERAL PRACTITIONER

DEAN LEWIS, M.D.

BALTIMORE

In these rapidly changing times, any one who speaks of restoring anything that pertained to the old order may seem to be exceedingly rash. But recently more favorable things have been said of the general practitioner than for some time. During the economic depression he has fared better than the specialist, for more people have discovered that they could be treated in their homes; his overhead has not been high. Many consultants have changed their point of view and have condescended to make house calls. So, as far as medicine is concerned, the economic depression has automatically restored some of the old order. I have never liked the term general practitioner, for the term seems to convey the meaning of a wide, thin spread.

Osler in 1897 read a paper before the New York Academy of Medicine entitled "Internal Medicine as a Vocation." in which he said:

> I wish there were another term to designate the wide field of medical practice which remains after the separation of surgery, midwifery and gynecology. Not itself a specialty, though it embraces half a dozen, its cultivators cannot be called specialists but bear without reproach the good old name physician, in contradistinction to general practitioners, surgeons, obstetricians and gynecologists. I have heard the fear expressed that in this country the sphere of the physician proper is becoming more and more restricted, and perhaps this is true, but I maintain (and I hope I can convince you) that the opportunities are still great and the laborers are scarcely sufficient to meet the demand.
>
> At the outset, I would like to emphasize the fact that the student of internal medicine cannot be a specialist. The manifestations of almost any one of the important diseases in the course of a few years will box the compass of the specialties. Typhoid fever, for example, will not only go the rounds of those embraced in medicine proper but will carry its students far afield in morbid psychology and sometimes teach him, perhaps at the cost of the patient, a little surgery.

Osler had in mind when he prepared this address the medical consultant, for he continues "Each generation has to grow its own consultants." Samuel Mitchill, Swett, Alonzo Clark, Austin Flint, Fordyce Barker and Alfred Loomis served their day and passed on. Their work remains, but enough of a great physician's experience dies with him to justify the saying "There is no wisdom in the grave." The following quotation has much that indicates the factors that make a successful physician:

> Much that made such a man what the community, to their highest profit, found him to be, dies with him. His inborn gifts and much of what was most valuable in his experience were necessarily incommunicable to others, this depending much on his forgetting the process by which in particular cases he made up his mind, and its minute, successive steps; but mainly, because no man can explain directly to another man how he does any one practical thing, the doing of which he, himself, has accomplished, not at once by imitation or by teaching, but by repeated personal trials and by missing much before ultimately hitting.

Of the successful consulting physicians of today, it will be found that many started in general practice or had their early training in the laboratory or clinic. Many of the most prominent have risen from the ranks of the general practitioner. Many consultants will rise in wrath when some one makes a remark reflecting on the general practitioner.

The medical consultant is the type that Osler had in mind—the physician. As I said in the beginning, I do not like the term general practitioner, and, in the address cited, Osler has applied the word physician to the medical consultant. The dictionary defines a doctor as one who practices medicine or surgery. The doctor that I wish to discuss practices medicine and surgery.

It is important in outlining plans to determine why graduates in medicine specialize. A little over 36 per cent of all graduates in medicine specialize. A large percentage of the graduates of some medical schools specialize. In the final report of the Committee on Medical Education and Hospitals it is stated that 75.1 per cent of the graduates of Johns Hopkins Medical School finally specialize. I have hesitated to give this figure, for the question that might arise is, With what authority does he read a paper dealing with the restoration of the doctor? On the other hand, having had some experience in this school, I might be able to say something as to why so many specialize. Johns Hopkins is followed by Harvard, 64.1 per cent of whose graduates specialize, by the University of Virginia, 61.5 per cent of whose graduates enter specialties, and by Stanford University School of Medicine with 55.8 per cent. A much lower percentage of the graduates of state universities enter the specialties, and I am rather surprised to find out that but 25.3 per cent of the graduates of the University and Bellevue Hospital Medical College and 26 per cent of the Jefferson Medical College take up special work. Several different methods have been suggested by which the ideal doctor can be developed.

Elting, in a paper read before the American Surgical Association in 1929, said that the problem of rural

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Read before the Annual Congress on Medical Education, Licensure and Hospitals, Chicago, Feb. 12, 1934.

A discussion of this paper will be found in the transactions of the annual congress, which appear in this issue of THE JOURNAL under Association News.

medicine has long been recognized as an important one, toward the solution of which the small medical college should especially devote its attention. To this end there has been evolved by the Albany Medical College a so-called five point program as follows:

1. By giving preference in the selection of medical students to those whose affiliations are in the district.
2. By primarily training students for general practice and properly fitting them at moderate cost for such work.
3. By providing its graduates and other hospital interns with data concerning opportunities and locations where doctors are needed.
4. By cooperating with graduates and other physicians in the large district served by the school, giving them an opportunity to take graduate work and review advanced courses either formally or informally, as well as special work in all departments of the medical school.
5. By suitable publicity, informing rural communities of the advantage of employing their local doctor, who can care adequately for more than 90 per cent of their ills, and whose cooperation and interest is of the greatest importance in the care of the remaining 10 per cent.

One of the most important features of this program is the maintenance of a liaison department between the hospital medical school, other hospitals and the profession, public health workers and those responsible for the sick poor of the surrounding territory. Such a department functions all the while and in an impartial and humanitarian manner, thus avoiding the temptation and criticism of commercialism. In this way it is possible to establish and maintain a relationship between the man in rural practice and an institution rather than with an individual; and an institution that functions at all times for the benefit of both patient and doctor.

In this institution a planned effort has been made to provide rural districts with doctors, and to provide instruction which will keep these doctors acquainted with the latest developments in medicine and surgery. In spite of these efforts, 41.8 per cent of the graduates of this medical school are engaged in the practice of the specialties.

In some institutions the development of a resident staff has led to specialization, and I believe that the graduates of those hospital medical schools which have a resident staff will specialize, for from the day that they enter on the intern service most of them are looking forward to a position on the resident staff. After spending six or seven years in the hospital in one service they become specialists, and those in such a service early in their career have determined to specialize. Such an organization is intended to give opportunities to those who desire to specialize, and I suppose that in some instances almost 50 per cent of a graduating class has some such opportunities afforded them.

As doctors tend to settle in the larger communities, and those who locate in the larger communities tend to specialize, many different suggestions have been made which might encourage the recent graduate to locate in smaller communities. Physicians will continue to locate where there is the best demand for their services, and in medicine the law of supply and demand is still operative but not conformed to; for in many centers, especially where there are medical schools, graduates will begin practice in an overcrowded field and spend many lean years during which they are financially pinched and perennially discouraged. If on graduation they had moved to a center less bountifully supplied professionally, they would have made a livelihood much earlier and I believe that they would have advanced further in their professional career; at least, they would have moved faster. If the plan to buy up marginal lands succeeds and these are transformed into parks and forest preserves, many doctors will be transported back into fairer zones and more specialists will develop than do at present.

Those who have been raised in small towns, judging from figures that have been compiled, have no great desire to return to small towns or less populous districts on graduation. It has been determined as a result of careful surveys that but between 2 and 3 per cent of those who come from communities of 1,000 or less returned to practice in areas of like population. In cases of students from towns of 5,000 or less, only 9 per cent returned, and the remainder located in the larger centers. Better opportunities to practice medicine, as they have been taught, a worthy ambition, and higher financial rewards attract graduates to larger centers of population, and the conditions and beliefs in the larger centers make specialization highly attractive to these graduates; and, to restore the old order, the returns and conditions of life must be made more attractive.

The restoration of the doctor should begin in the medical school. What is it that a doctor should know? He should know how to make a diagnosis, he should know the natural course of disease and how to observe it, and he should know what therapeutic measures should be instituted to meet the indication and when they are to be employed. During the past few years, emphasis has been laid on the laboratories. This was necessary because such rapid strides had been made in biochemistry, biophysics, bacteriology and the histologic examination of tissue. The laboratories have been obtained and now I believe more stress should be laid on the clinic. More clinical material is required, for in modern medical teaching the technic of diagnostic procedures is no longer simply demonstrated; but they are learned by the students and practiced by the student until these procedures can be used independently.

In teaching hospitals an endowment should provide the required number of free beds and the patient should be the patient of the student, who under strict supervision can assume charge. This is not possible under any scheme in which the patient pays full or half rates. Some have recently discovered that the pay patient can be used for teaching purposes and have tried to resurrect for expediency or because of exigencies of the economic depression a principle which died in the early eighties of the last century. I hope that the use of pay patients alone for teaching purposes cannot be even temporarily resuscitated.

The medical training which many students now receive makes the doctor dependent on hospitals, laboratory technicians, nurses, consultants and specialists. These distinctly influence the attitude of students and have a deciding influence in the development of specialism. The importance of physical examinations cannot be overemphasized, for the student of medicine who observes well, percusses well, hears acutely and feels intelligently has advanced far in the way of diagnostic ability.

With a due apportioning of diligence, the essentials of anatomy, physiology and pathology can be mastered. During the brief years of pupilage the details of the various branches cannot be grasped so that all cases can be accurately diagnosed and successfully treated. A deep knowledge of pathology is the foundation stone of diagnostic ability. Hamman, in the International

Clinics which he edits, makes some very pertinent remarks about the value of pathology. He says:

> In diagnosis the concept of tissue change predominates and the observation of function is of little value if it is divorced from the alteration of structure. It does happen that from the practical standpoint diagnosis leans more heavily upon anatomic changes than upon change of function, and our studies of function serve chiefly to allow us to decide accurately the character and extent of the structural lesions. It has been said that it is more important to gage the functional capacity of the heart and its power to recuperate than to decide to a nicety the character of the anatomic lesion. But the functional capacity of the heart and its power to recuperate depend in large measure upon the character of the lesion. This being true, the best way to study diagnosis is carefully to observe patients, from the data collected to draw inferences about the pathologic changes that are present and then to witness the verification or correction of these inferences at autopsy.

Physicians connected with large hospitals where autopsies are frequently performed are daily instructed, but the doctor rarely has the opportunity to see post-mortems on the patients he has attended. This is a serious handicap to continued education. This brings up a discussion of how the continued education of the doctor is to be obtained, for this is one of the principal factors in his restoration.

During the past year, as President of the American Medical Association, it has been my privilege to visit many state societies and other medical associations, and I have been struck with the earnest desire of those practicing in areas with small population and in centers far removed from one another to have demonstrations and discussions of the new things in medicine. Some of these men practice on what, I suppose, today, might be called marginal lands. But the desire for knowledge is just as active as is that of those practicing on more fertile soil. Some have suggested that the American Medical Association organize or sponsor some scheme by which parts of the Scientific Assembly might be shown, or some one sent out by the home office to carry the latest message. These doctors would willingly bear the expense. The work involved would be great, but I think that an organization could be perfected which would provide educational facilities after graduation and provide for the patients ministered to by these doctors an extremely high quality of medical care. The lack of autopsies which make possible the check on diagnosis and the correction of errors would be hard to supply, and such knowledge cannot be imparted, except by the clinical history with the citation of the changes in the cases on which the history is founded.

Every effort should be made to bring these practitioners into contact with hospital facilities. Unfortunately, at the present time many of these men from the day they begin practice are excluded from hospital services, and I am quite sure that many of us would lose ambition and incentive if we had little or no opportunity to have free association with those whom, not infrequently, we admire and have confidence in.

In a previous paper I have stated that cooperation should replace unrestrained competition. A ward should be set aside in general hospitals for the doctor of whom I am speaking, to which he might send patients requiring hospitalization. Such a ward could be properly supervised through the staff. The doctor would retain his patient. Work in such a ward would give him an opportunity to continue graduate work.

There should also be an adjustment of fees and the doctor should set a higher value on his services than he does, because the public will hardly set a higher value on one's service than the doctor does himself. A change in fee schedule or an educational program might have such an effect. It is a rare occasion when a doctor will consent to a joint, itemized bill, and the financial status will not be improved until some such arrangement is made.

There may be considerable and honest diversity of opinion about the best method of medical practice. I believe that sometime in the not too distant future there will be a reversion to the old relation between patient and doctor, when the doctor will make the examination and then decide what ancillary examinations are required, rather than act as referee, having all the data placed before him to be joined together. When the old methods return there will be more doctors and fewer specialists.

The medical profession is largely to blame for the development of specialism and the eclipse of the doctor, for during the past few years the patient has been educated to believe that the specialist is the last word, and as a result patients consult specialists first rather than the doctor. The licensing of specialists or the recognition of certain qualities which specialists should have will limit considerably their number and increase the number of doctors.

Surgically there are operations with which the doctor should be familiar. I shall name a few—appendicitis, hernia, empyema—which are emergencies. The doctor should be able to treat fractures, reduce dislocations and suture tendons and nerves. He should also have a sound knowledge of infections and their treatment. This is a limited therapeutic field and should be mastered. He should know his limitations as well as his abilities.

Osler in 1892 made a statement that applies with equal force forty-two years later:

> In these days of aggressive self assertion, when the stress of competition is so keen and the desire to make the most of oneself so universal, it may seem a little old fashioned to preach the necessity of humility; but I insist, for its own sake and for the sake of what it brings, that due humility should take the place of honor in the list. For its own sake, since with it comes not only a reverence for truth, but also a proper estimation of the difficulties encountered in our search for it. More perhaps than any other professional man, the doctor has a curious, shall I say, morbid? sensitiveness to (what he regards) personal error. In a way this is right; but it is too often accompanied by a cocksureness of opinion, which, if encouraged, leads him to so lively a conceit that the mere suggestion of a mistake under any circumstances is regarded as a reflection on his honor, a reflection equally resented, whether of lay or of professional origin. Start out with the conviction that absolute truth is hard to reach in matters relating to our fellow creatures, healthy or diseased, that slips in observation are inevitable, even with the best trained faculties, that errors in judgment must occur in the practice of an art which consists largely in balancing possibilities—start, I say, with this attitude of mind and mistakes will be acknowledged and regretted; but instead of a slow process of self deception, with ever increasing inability to recognize truth, you will draw from your errors the very lessons which will enable you to avoid their repetition.

Pellagra.—Vitamin B_2, like vitamin B_1, occurs in yeast and cereal germ, but it is also found in abundance in liver; eggs, milk, meat and green vegetables contain fair quantities. There is a good deal of evidence that the disease pellagra is in some way concerned with a shortage of this vitamin in the diet, although other dietetic faults probably contribute to the production of the disease.—Colwell, S. J.: Vitamins in Clinical Medicine, *Practitioner* **132**:15 (Jan.) 1934.

THE OUTPATIENT CLINIC

J. H. J. UPHAM, M.D.
Dean, Ohio State University College of Medicine
COLUMBUS, OHIO

The free outpatient clinic has become a recognized part of the modern social welfare program. Started originally as a philanthropic movement for the relief of the ambulatory indigent sick, it has developed into an integral part of the entire hospital plan and lost its identity as a separate charitable entity.

At present there are four main functions of these clinics:

First, they materially reduce the number of hospitalization days in that they permit the discharge of many convalescing patients who are able to return to the outpatient department for dressings or other follow-up treatment, where they can be taken care of at much less expense than by continued residence in the hospital.

Second, through their service many patients are found who need hospitalization and are admitted to the hospital. While most of these enter the free wards, some surprisingly discover unsuspected funds for private rooms or pay wards. But whether they contribute financially or not, the more successfully treated and contented patients the better the reputation of the hospital in the community and the more generously is it supported. Hence this may be called the promotion function of clinics, and it is no inconsiderable one.

Third, there is the teaching function. It is rather the custom to classify hospitals as teaching and nonteaching hospitals, restricting the former qualification to those institutions connected with colleges or universities, whereas, as a matter of fact, all hospitals have, or at least should have, a very considerable educational influence not only on the medical profession but also on the public at large. Cushing, in his address at the Ether Day Commemoration in the Massachusetts General Hospital, referred to the fact that hospitals in time acquire a definite personality just as do individuals. When one considers some of the famous hospitals of the world, such as the Hôtel Dieu in Paris, the Allgemeines Krankenhaus of Vienna, the old Charité of Berlin, St. Bartholomews of London and, to come to this country, the Massachusetts General of Boston, Bellevue of New York, Blockley of Philadelphia and the Johns Hopkins Hospital of Baltimore, these names do not bring to mind thoughts of the great amount of charitable work done or the mass of patients treated but rather the long record of discoveries made, of epoch making contributions to medical science and the development of leaders and teachers who have made medicine what it is today.

Every hospital should have before it such an ideal personality, and the closer it approximates that ideal the greater will be its reputation and its claim on the public for support; for it is being recognized that such hospitals in a community make for better doctors, raise the level of medical practice and elevate the standards of health in general. In this endeavor the outpatient clinics play a very definite part. The opportunities for self improvement and the gaining of medical experience in diagnosis and treatment of the wide variety of conditions met in these clinics have long been recognized and appreciated by the ambitious younger practitioners, and staff appointments are eagerly sought. In the strictly teaching hospitals the teaching function of the clinic is even more emphasized. The medical student here is brought in direct contact with patients; he learns history taking, physical examination and treatment. In a well patronized and well organized clinic he will see a cross section of the medical practice of the community, which should be an excellent training for future practice. If possible, the student should be given the opportunity to follow patients from the clinic, through their hospital care and back to the clinic after-treatment and thus obtain a complete picture of the case. Such teaching is invaluable and plays a very important part in the clinical years of the medical curriculum.

The fourth function of the outpatient clinic is its part in the social welfare program of today. There is no question that the relief of the indigent sick through these clinics is a very important part of this welfare program and not only is justifiable but fills an absolute need. On the other hand, criticism has arisen that the increase in number and growth in size of clinics has been so great that private practice of physicians has been encroached on and the economic status of practitioners has been injured. Doubtless there have been abuses in the past and still are in the present, in spite of earnest efforts made to eliminate them. Many clinics nowadays have well organized social service departments to investigate all those applying for treatment. This is necessary in justice not only to the practitioners but also to the community to avoid pauperizing those not really indigent. In these times, when many find it difficult to support an automobile or meet the instalments on a radio, the expense of medical treatment seems to many an unjust hardship, and often brazen effrontery and ingenious subterfuges are employed.

Continued vigilance and thorough investigation must be exercised to avoid this criticism. The habit of seeking relief is quickly established and hard to break. This is a danger to the self reliance and independence of the community, and the free clinics should not contribute to such dangerous social deterioration.

Practitioners of medicine have not a vested right in patients, but they do have a definite and necessary place in the social and economic scheme of life and a moral right to expect returns for many years of preparation for practice. They expect the competition of other practitioners, and this has a wholesome effect in keeping up or improving the quality of service; but the giving of medical service by free clinics to those able to pay is unfair competition and every effort should be made to avoid it.

In recent years there has been a new development—the pay clinic. This has been a much discussed subject, and arguments for and against it have been often heatedly offered. It must be stated that my knowledge of these organizations is purely academic, and my remarks are intended to bring out discussion of the various aspects of the subject rather than to offer definite conclusions.

As it appears to me, there are three main arguments for such clinics: first, as an aid to practitioners; second, as a measure of economic relief to individuals in moderate circumstances who may be able to pay a flat moderate fee for a complete physical and clinical examination but would be unable to pay for the various examinations and laboratory tests made separately;

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third, the demonstration of methods of differential diagnosis in more or less obscure cases.

Of these, the first seems to me the most valid, and theoretically it has many arguments for its justification. Many a conscientious practitioner, finding himself baffled by the unusual aspects of an individual case, would welcome the assistance of such a clinic. Otherwise he finds himself balked by the inability of the patient to pay for the various diagnostic tests required, or, if they are undertaken, the finances of the patient are exhausted and there is nothing left for the practitioner who is to carry on the real burden of treatment. This arouses a certain resentment, a sense of injustice, which is disturbing to even the most judicious minds, and in the long run both the good name of the practice of medicine and, especially, the patients suffer materially.

Theoretically, therefore, such a clinic would have a strong claim for its justification if it accepted only patients of the economic status described, referred by practitioners for aid in diagnosis, and referred them back to the practitioners for treatment. If such a plan could be carried out with the close cooperation of practitioners and the clinic it would undoubtedly work out to the great advantage of the patients, raise the standards of practice and enhance the reputation of the medical profession in general.

Unfortunately, this ideal condition does not seem always to be present. There are charges of lack of cooperation on both sides: practitioners complain of patients lost to them after being sent to the clinic and the clinics that the suggested treatments are not followed — with probably some truth on both sides. Patients impressed with the quality of service received in a clinic may insist on seeking treatment with the complaint, perhaps true, often not true, that their physician has failed to follow the recommended therapeutic measures.

Again, they may bring friends or acquaintances directly to the clinic for diagnosis.

It calls for constant vigilance, tact and diplomacy on the part of the management of the clinics, with careful supervision of the personnel, to meet these embarrassing situations.

It is one thing if they are frankly commercial institutions, with everything grist that comes to their mill, because then they can be properly evaluated, and they stand or fall according to the quality of the service rendered and the complaisance of the medical profession. It is quite another if the clinics claim altruistic motives or seek a place in the teaching program. In these instances, all the force of professional traditions and ethics should be invoked to keep their activities within the strict line of their avowed purpose of improving the practice of medicine. Only as they do this will they be justified in the eyes of the profession.

Secondly, there is the matter of meeting the economic needs of patients in moderate circumstances. The question immediately arises, Is this necessarily a responsibility of the medical profession? It is rather trite to say that everything is relative, but has not the importance of the relative importance of health and medical treatment rather been lost sight of in all this discussion?

In days gone by the family budget usually provided that of every dollar a certain amount would be allotted for rent, taxes, food, light, heat, clothing and other definite necessities. Thrifty families would see that there would be a part left, even if small, for savings or provision for "a rainy day." In this there was thought of the possibility of illness and provision was made for it. The obligations of medical treatment were part of the planning as a possible necessity to be taken care of from this optional part of the dollar. In the last ten or fifteen years there has been an unrivaled organized commercial drive on this portion of the family budget. Luxuries such as automobiles, radios and electrical domestic appliances have come to be looked on practically as necessities, and especially since they are so attractively (seemingly) offered on the instalment plan of purchase the habit of saving has become a vanishing virtue. The thought of paying for illness seems indeed a hardship if it entails the giving up of an automobile, a radio or an electrical refrigerator. Do not the continued harping on the high costs of medical care and the efforts made to reduce these costs by lowering the professional charges encourage this state of mind of the public? Is there not danger that this move will foster the idea that all medical charges are unjust and should be taken care of by the state?

It is true that the costs of medical care have increased very materially in the last generation through better means of diagnosis and treatment, substantially to the advantage of the public. It is my belief, and that of many others who have given this matter thought, that in the general desire for more exact diagnoses there has been a trend to overemphasize the modern and often expensive laboratory and technical tests at the expense of the older methods of physical diagnosis and simple clinical tests. This necessarily has contributed somewhat to the increased costs, which could be reduced, at least to some extent, if students were trained more thoroughly in inspection palpation, percussion, auscultation and simple laboratory tests and to use judgment when appealing for further help when it is actually needed. I would not appear to disparage the modern laboratory or technical accessory methods; in very many cases they are extremely helpful, even essential to correct diagnosis and treatment; but in some at least I believe they have been utilized unnecessarily, to the financial disadvantage of the patient, by failure of the practitioner to exercise proper skill in simpler means.

There is another point to be considered in this question of meeting the economic needs of the patient in moderate circumstances, and that is, What is the definition of moderate circumstances? If it includes that large group today that finds it difficult or at least finds itself hampered to pay for regular medical charges because of the desire for the luxuries so enticingly offered, I do not feel that this argument for the establishment of such clinics can be justified to the medical profession. On the other hand, every practitioner comes in contact with patients who need, at times, expert laboratory or technical means of diagnosis for whom the regular charges would be a hardship, and therefore the answer to the foregoing question should best be left to the family physician, than whom no one is in a better position to judge of the financial status of his clientele. This again would tie up the operations of the pay clinic with the practitioner to the mutual enhancement of medical practice and the best interests of the patients needing the services of such clinics. The closer this cooperation and the more strictly this policy is adhered to, the wider the recognition that will

be given to such clinics and the more their existence will be justified to the public and the medical profession.

The offering of the service of such clinics unreservedly to people of so-called moderate circumstances, however, unvouched for by their attending physicians, without restrictions, does not appear to me to be economically or professionally justifiable.

TEACHING VALUE OF THE PAY CLINIC

The curriculum of a modern medical college has become a very complicated one, and every proposed addition must be carefully scrutinized and evaluated before it can be adopted. For the average student the present course is a burdensome one, and with the great increase of medical knowledge and the development of medical specialties the danger has been recognized that in the effort to cover all the field of medicine in four years students would dissipate their energies and could at best acquire a superficial knowledge. This objection is met, at least in part, by the generally adopted plan of thorough instruction in the basic sciences in the preclinical years, followed in the clinical years by the general instruction in diagnosis and treatment in all departments of medicine so as to equip the average student with as broad a foundation as possible for general practice or for any specialty he may subsequently elect.

No student on graduation is fitted to engage in surgery, ophthalmology, dermatology or, strictly, internal medicine, and the necessity is recognized that further postgraduate work and often long training is essential before so engaging. There is no question as to the teaching value of demonstrating the differential diagnosis in obscure cases. Does not this type of teaching, however, fall into the category of advanced work and so really belong to postgraduate instruction?

Also is there not danger of distorting the value in the mind of medical students, not thus far familiar with the general incidence of these types of cases, and of overstressing the laboratory and technical methods of diagnosis already under a certain amount of criticism? Is it not more in line with the plan in other departments of teaching to drill thoroughly in the general methods of diagnosis and treatment, illustrating as thoroughly as possible with typical cases, so as to meet as far as can be foreseen the needs of the young practitioner, and leave the more obscure and rarer cases to postgraduate instruction?

These are questions which demand careful consideration when one seeks to evaluate the teaching value of the pay clinic, especially in connection with medical colleges; but to my mind such clinic teaching appears to be in the same category as advanced teaching in the specialties and thus belongs to postgraduate instruction rather than in the regular college curriculum.

SUMMARY

The operation of pay clinics is beset with so many difficulties and the criticisms that have arisen are so numerous that it must be said that many in the medical profession are very dubious as to their place in medical practice. Their many possibilities for good can be recognized, and their existence justified to the medical profession, according to the degree in which they cooperate with practitioners in improving medical practice and refrain from unfair competition.

Their teaching place would appear to be that of advanced medical instruction.

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THE IMPORTANCE OF INTRODUCING PSYCHIATRY INTO THE GENERAL INTERNSHIP

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The final report of the commission on medical education [1] emphasizes the general need for revision of medical training by (1) bringing clinical methods into closer relation with preliminary sciences and with anatomy and physiology, (2) permeating all teaching with the idea of prevention and demonstration of its methods, (3) emphasis on the importance of the psychologic aspect of medicine and the treatment of the person rather than the disease, and (4) recognition of the concept of medicine as a social agency. Each of these recommendations will be furthered if the principles of psychiatry can be applied more generally through the medical course and in intern training.

I shall discuss the importance of psychiatry as a part of the intern's training from the following points of view: (1) the present status of psychiatry in medical school teaching and the attitude of the student toward it, (2) the part psychiatry plays in the present training of interns, (3) the methods of insuring a more adequate psychiatric training for the future intern, and (4) general recommendations and summary.

THE PRESENT STATUS OF PSYCHIATRY IN MEDICAL SCHOOL TEACHING AND THE ATTITUDE OF THE STUDENT TOWARD IT

Recent studies conducted by the National Committee for Mental Hygiene [2] indicate considerable inadequacy in the teaching of psychiatry, although much good work is being accomplished and many changes are now being made to meet better the requirements of this phase of medical education. For instance, it was found that the teaching of psychiatry was considered to be reasonably complete in thirteen grade A schools, while 42 per cent of the total group visited have not yet created clinical psychiatric facilities to be used in the general teaching schedule. Furthermore, there appears to be a lack of psychiatric teaching personnel in approximately 85 per cent of the schools visited. Many gaps and deficiencies were found in the present psychiatric curriculum, especially in the important preclinical years. This lack was further accentuated in terms of a general neglect of the social sciences during the college course. It can readily be seen, therefore, in a discussion of psychiatry as a part of the general internship, that a great deal must be done to improve undergraduate psychiatric teaching. Since the completion of this appraisal by the National Committee for Mental Hygiene, there has been encouraging evidence that approximately half of the medical schools are in the process of developing more adequate teaching facilities for psychiatry.

In many schools psychiatry is being accepted as a major division of the medical curriculum. The attitude of the deans of each medical school in relation to the studies mentioned was considered most favorable

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1. Final Report of the Commission on Medical Education, 1932.
2. Noble, R. A.: "Psychiatry in Medical Education," National Committee for Mental Hygiene, 1932. Ebaugh, F. G.: Psychiatric Education in America, a confidential report to the National Committee for Mental Hygiene, 1932; The Crisis in Psychiatric Education, J. A. M. A. **99**: 703-707 (Aug. 27) 1932; Present Status of the Teaching of Psychiatry, J. A. Am. M. Col. **8**: 214 (July) 1933.

for the future development of psychiatry. Their main criticisms concerned the past isolation of psychiatry. The main causes of this isolation of psychiatry I consider to be in relation to its general neglect in medical thinking and practice. In fact, many physicians and clinicians uninitiated to psychiatric points of view may actually be defensive toward psychiatry and impart this attitude to their students. The breakdown of overspecialization and overdepartmentalization and the presentation of psychiatry as a part of all fundamental medical training, with the development of liaison and correlation activities with other departments, are now playing important rôles in improving this situation. Psychiatry has been isolated also in terms of the institutional aspects of psychiatric work and the unfortunate tendency in some schools is to present the subject in terms of asylum diseases and end products. Such a presentation could not be inducive to the development of interest on the part of the student. This will be corrected by the development of well equipped psychiatric departments in general hospitals, bringing psychiatry under the same roof with general medicine and by greater utilization in undergraduate and graduate teaching schedules of the existing psychopathic hospitals. Other attitudes toward psychiatry are emotionally determined; that is, the mistaken views that psychiatric terminology is considered too difficult or unintelligible and that psychiatry deals excessively with sex problems. Furthermore, the situation is distorted by the impression that psychiatrists in general neglect physical studies and that this field has attracted unstable individuals.

One cannot deny that the term "health" embraces a much broader concept and meaning than it ever has before. It was formerly felt that everything up to the eyebrows belonged to the consideration of the physician, while all above them was relegated to the cleric and philosopher. There has been a progressive tendency to get away from a mind and body entity and to accept the individual as a whole, a complex but unified singleness functioning as a "person," subjected to situations that produce disease demonstrable as such and expressing themselves in disturbance of organ behavior or to still other situations producing maladjustments resulting in behavior disorders of the entire organism, not merely a particular part of it. No physician need go far with his imagination to appreciate the clear-cut effect of so-called mental phenomena on the physical being. If he does, let him ask himself why he keeps from the patient injured in an automobile accident the fact that his partner was killed outright; or again, why does he insist on the most cheerful atmosphere for his convalescent's recuperation?

The etiology of the more common medical conditions —arteriosclerosis, angina pectoris, exophthalmic goiter, chorea, urticaria, hay fever and the like—present as etiologic possibilities "psychogenic factors." To the intern without psychiatric attitude and appreciation, how is the term "psychogenic" going to be any more than an eleven letter word meaning "to have its origin in the mind?" He becomes cognizant after not too many weeks in a medical service that he is unable to find "pathology" to account for all symptoms and complaints presented. The pictures are not by any means "textbook," and chest thumping fails to reveal the mysteries surrounding the strange case. What then? Unless he is willing to consider the individual in his entirety, to evaluate his life situations and emotional responses in exhaustive investigative pursuit, he is of little service to his patient and may become defensive regarding his lack of psychiatric knowledge and scoff and belittle this field. Later his patients may leave him and go in desperation to the quack.

There have been and are, to be sure, psychiatric services in rotating internships. It is the unproductiveness of these services that has kept many present-day hospitals from offering contact with problems of mental health. Heretofore they consisted of dark, gloomy, barred corridors apart from the general wards where patients, attired in peculiar garb, sat lined against the wall for ten hours each day. Even today restraint is used in some of these wards. The intern comes, asks about voices, makes tests for "waxy flexibility," does a tube feeding and, with a feeling that he shares in a strange mysticism, flourishes the diagnosis "dementia praecox" across the record. I am not advising such intern training.

One chap who was entering a psychiatric service was asked by an associate what he was going to do with his "Osler" now that he was leaving medicine. This not uncommon attitude permeates the thinking of those not acquainted with modern psychologic medicine. The man coming into a psychiatric service must bring with him every bit of medical knowledge. His domain of concern becomes much broader and less mechanistic. He brings order and reason into his methods of approaching clinical problems rather than the too great dependability on instruments of precision. The following are some verbatim statements made by interns in a general hospital that has no psychiatric service included in the rotating internship. These statements were made to the consulting psychiatrist.[3]

I've got a patient who is running a high BMR and I just can't seem to get it down. She's on large doses of Lugol's solution and luminal, but every time the surgeon comes around he scares her by his gruff manner and the basal goes up so that we can't operate and then we have to start all over again. I wish he would stay away until we are ready to operate. Perhaps there is something emotional wrong that we could correct, but I don't know how to start.

I have a case that came in with a pain in his stomach that was sent in as an ulcer. When he started talking about wanting to buy ten farms and started fighting with the patient in the next bed, I knew there was something wrong, but didn't know where to begin. After consultation we knew that he had general paresis. In my school we didn't learn much about mental examination and of course we have none here.

I have got a case up on pediatrics. The kid cries all day and he has fainting spells. I am at a loss to know what to do. His father is a mean old cuss, and his mother coddles him like an infant, but I can't find anything wrong with him.

We are all ready to operate on that girl for adhesions around the appendix, but the chief surgeon can't make up his mind. She had an appendectomy two months ago but it didn't do her any good. She's a typical case in some ways but then there's so many other complaints—headache, dizziness, numbness of the fingers—and she seems pretty scared about it all. Maybe her personality has something to do with it.

How do you get these patients to talk to you? I have noticed the effect of the unburdening of their troubles but I just can't seem to get next to them. Maybe it's because I don't know where to start. Perhaps it's because I've had little or no psychiatry in school. Have you any books I can read on psychiatry? I know that I am going to get some of these patients when I finish my internship and I would like to know what to do. Of course, you can always give them luminal but that isn't always a panacea.

One might go on almost ad infinitum with arguments for a psychiatric service in the rotating internship, but

3. I am indebted for this material to Drs. Clarke H. Barnacle and Chester L. Reynolds of the Colorado Psychopathic Hospital staff.

I would stop with saying that it would broaden the intern's concept of "pathology"; impress him with the tremendous complexity and interrelation of mental and nonmental factors of the human organism; revise his attitude toward mental disease as treatable processes offering hopeful prognosis; organize his own thinking to more orderliness; give him understanding to the great number of patients who will come to him for whom psychiatric intelligence is indicated; and, finally but by no means least, enrich his own appreciation and joy of life.

My previous experience, especially at the Philadelphia General Hospital, indicates that intern participation in psychiatry for a two months period is most practical and useful in the training schedule and is well appreciated by all groups, and a recent communication from Dr. Turnbull, superintendent of the Philadelphia General Hospital, indicates that this point of view has continued during the past decade.

THE PART PSYCHIATRY PLAYS IN THE PRESENT TRAINING OF INTERNS

At the present time there are, according to the Council on Medical Education and Hospitals of the American Medical Association, 7,357 interns serving in registered hospitals.[4] Of these, 6,204 interns are serving in hospitals approved for internship by the American Medical Association. In a list of 689 hospitals approved by the American Medical Association there are eighty-five reporting departments for mental disease and sixteen hospitals definitely affiliated for psychopathic service, with an internship of 1,601, or 20.6 per cent of the total number receiving psychiatric service in approved hospitals.

In the studies I conducted for the National Committee for Mental Hygiene there were fourteen psychopathic hospitals for institutes utilized by eighteen schools for teaching. Opportunity for intern training, however, was not given by all these hospitals, although the teaching schedules in most centers arranged for valuable preparatory training in psychiatry. In addition, there were psychopathic wards in twenty-five hospitals which were utilized by twenty-six schools for instruction. Intern training was given in only thirteen of these hospitals.

In addition, intern participation in psychiatry is made possible in many state hospitals. In many instances the opportunity for equivalent training is afforded during the senior year or through clerkships in the vacation months. This may be illustrated in the excellent schedules provided by Boston University, Tufts College, the University of Vermont and the University of Kansas. The students interviewed from these schools on the whole indicated a reasonable inoculation with the psychiatric point of view with basic knowledge pertaining to psychiatry as a phase of all medicine. One can anticipate in the future greater utilization of the state hospitals for intern training, preferably given following a general rotating internship, as is now utilized in the New York state hospital system. The development of well organized reception services in state hospitals such as is illustrated at the Boston State Hospital and St. Elizabeth's Hospital, where an excellently equipped medical and surgical unit is available, indicates possible expansions in the psychiatric training schedule with affiliation with the nearby general hospitals. I should not say, with the rapid changes now taking place in developing psychiatric facilities, that there will be a dearth of places for recent graduates to go for psychiatric training.

It is not my purpose here to discuss psychiatry as a specialty. That is a matter of postgraduate education and is being provided for through resident training and fellowship training. Here again is seen the great stimulus offered by the Council on Medical Education and Hospitals of the American Medical Association. The recent organization of the American Board of Psychiatry and Neurology indicates that rapid changes and improvement in personnel and teaching may be expected in the near future, which may be reflected in further intern participation in psychiatry.

METHODS OF INSURING A MORE ADEQUATE PSYCHIATRIC TRAINING FOR THE FUTURE INTERN

In the studies that have been made to date there appears to be a reasonably unanimous opinion that psychiatry should take a fundamental place in the intern's training. There are numerous organization difficulties and undoubtedly many local situations at the present time which make it impossible to allot time to psychiatry in the period of twelve months' training. To the interns themselves this appears to be only too brief for covering medicine and surgery and their component problems. Psychiatry, however, can be introduced in many hospitals through an active consultation service in which the intern will have an opportunity for individual or group discussions concerning ward and outpatient clinic cases. The present development of liaison work with the departments of medicine, as noted in the following schools, makes this a possibility: the University of Nebraska, Harvard University, Stanford University, Cornell University, Columbia University, Yale University, McGill University and the University of Colorado. The work of Dr. Noble at Yale is especially noteworthy in this connection, where liaison work with psychiatry is now active to the extent that ward rounds are made by the psychiatrist in the medical, surgical and pediatric departments. This work has been well received by the interns and residents at the New Haven Hospital, and it is reported that it is now accepted as a fundamental part of their teaching schedule. Liaison work in connection with the department of pediatrics has developed in the University of Rochester, the University of Pittsburgh, the University of Buffalo, the Johns Hopkins University, the University of Cincinnati, the University of Nebraska, Cornell University, Columbia University, McGill University, Yale University and St. Louis University. The most outstanding example in this country is that at the Johns Hopkins University, where Dr. Leo Kanner, trained under Adolf Meyer, assumed the responsibility for a psychopediatric clinic at the Harriet Lane Home and conducts seminars and conferences with the interns on the straight service there. Active psychiatric consultation service in the general hospital has already proved an important method of introducing psychiatry into the intern schedule. Furthermore, general hospitals without psychiatric ward facilities can do much to further the training of interns through including child psychiatry in the outpatient clinics.

Another possible method of introducing psychiatry is to increase the period of intern training from twelve months to eighteen or twenty-four months, allotting from two to four months to psychiatry. This should prove satisfactory and enable adequate representation

4. Medical Education in the United States and Canada, J. A. M. A. **101**: 677 (Aug. 26) 1933.

of this basic field. I would strongly recommend that there should be greater utilization of the existing psychopathic hospitals for intern training. At the present time it is the exception for these hospitals to be used in the general intern training, although several offer excellent straight internships or house officerships, such as is shown at Phipps Psychiatric Clinic. It is possible, however, to utilize these institutions more for the general intern or at least for clinical clerkships during the senior year, which frequently may meet the need satisfactorily. Rappleye has offered another suggestion in his discussion of the large amount of time spent in surgical training, especially in the operating room, during the rotating internship. He feels that this time could be decreased, since surgical training and operating technic can be given in the training years required for this specialty. I would recommend that some of this time be given to psychiatry. If facilities are not available, the outpatient service and medical wards abound with opportunities for encountering various types of mental disorder. This work, of course, should be given by trained psychiatrists.

Adolf Meyer [5] has recently given an excellent exposition of the apprenticeship method of graduate training in psychiatry. This should be established early during the internship. Rappleye wisely speaks of standards and not standardization in discussing the educational program of the internship. Since the internship is one of the most important parts of the basic preparation for the practice of medicine, it should reflect the changes that are now occurring in psychiatry as a phase of medical education. From this point of view, the content of the intern training in psychiatry over a minimum period of at least two months, preferably four, should cover the following, with the main objective of enabling the physician to recognize the rank and file of psychiatric problems that he will encounter in both later general and special practice: Every physician should know how to conduct a systematic mental examination for the detection of emotional disorders, mild delusional trends, neurotic developments and the like. This may be considered just as important for them as the ability to do a complete physical examination.

The psychobiologic point of view advocated by Adolf Meyer should be utilized. The following is considered a definition of psychobiology: Psychobiology is that science which deals with the individual as a whole, as a complex but unified entity functioning not as mind and body but as a unit expressing mental and nonmental behavior; these components are so interrelated and interdependent that they cannot be separated one from the other. As a "science" one presupposes that psychobiology shall submit itself to those laws of science set out in Koch's postulates and that as such the behavior of this organism may be scrutinized and best studied as any experiment, an "experiment of nature," for the conditions under which the behavior develops, its mode of working, and its course and modifiability. It is the level of psychobiologic functioning that one implies when speaking of mind, consciousness, thinking, or behavior with mentation.

In terms of the average rank and file of psychiatric patients encountered by the physician, the experience and clinical contacts of the intern should center around the following:

1. The minor psychoses, or the psychoneuroses. These include, in accordance with previous studies made, between one third and one half of the problems of general medicine in which detailed, exhaustive studies from the point of view of the organic manifestations are not fruitful. A convenient classification of the psychoneuroses is that given by Culpin:

(*a*) The anxiety states which are considered to be the most frequently encountered, are those in which the symptoms are grouped around a central core of anxiety and anxious expectation. The main symptoms are expressed in the anxiety attack and panic with fear of death, fear of insanity, fear of stroke with accompanying disturbance of one or many bodily functions —heart action, respiration, vasomotor innervation and the like. These patients may commonly complain of difficulty in breathing, precordial pains, drenching sweats, and gastro-intestinal upsets, and it is important to differentiate these anxiety attacks from organic conditions. The relationship of the genesis of the anxiety states with actual life experiences of the patient, frustrations in connection with many of the major life problems centering around parent-child relationships, school relationships, vocational, marital and sex maladjustments, religion and recreational adjustments is the most important and practical aspect. Furthermore, it does not help to remove the thyroid gland for such a patient, or to carry out a series of operations, which are found to be so frequent in all medical and surgical services. The diagnoses of part illnesses, such as gastric neuroses, cardiac neuroses and neurocirculatory asthenia, have little use in covering up the lack of understanding of the origin and treatment of these problems.

(*b*) The second group of the psychoneuroses comprises the substitutive disorders in which there are hysterical symptoms, usually expressed as motor phenomena, sensory phenomena or mental phenomena, such as shown in hysterical amnesic states and convulsive states. Dr. Barnacle, working in the Colorado General Hospital outpatient clinic, found that the psychoneuroses were by far the most frequent problems referred for him to study. He found that there was considerable interest and desire on the part of the younger staff members to treat these patients from every point of view.

(*c*) The obsessive states make up the third group.

2. The major psychoses. Among the problems of the major psychoses, the content of psychiatric training should provide experience regarding:

(*a*) The organic reactions in which one can especially see the importance of the recognition of early signs of dementia paralytica—irritability, bradyphrenia, shown in changes in character and disposition of the patient, loss of weight, sleep disturbance—which may antedate the more profound classic signs of this disorder commonly present in the end stages. The clinical problems of malaria therapy of these patients and the essential follow-up procedures provide the intern with methods and social points of view that he can utilize generally.

(*b*) In a consideration of the disorders of the physiologic support for the brain through toxic disturbances, trauma, metabolic disturbances and the like, there is an irreducible minimum of knowledge that every medical man should have.

(*c*) The manic depressive psychoses are of very practical clinical importance in terms of early recognition as well as in relation to the problem of suicide,

5. Meyer, Adolf: Preparation for Psychiatry, Arch. Neurol. & Psychiat. **30**: 1111 (Nov.) 1933.

which after all constitutes one of the most important social medical problems of today. The biologic equivalents of depression shown in fatigue, a sense of heightened effort, general retardation of energy output, loss of weight, sleep disturbance, and constipation should be promptly noted by every medical man as well as the existing type of mood disturbance. Furthermore, every medical man should realize the value of early therapy in the depressive group. Many problems are associated with states of elation and excitement, which will depend on early recognition to safeguard the patient properly from all points of view—social, medical and legal.

(*d*) There should be a reasonable understanding of the more sweeping personality distortions shown in the schizophrenic disorders, in which the patient shows projections of topics of personal sensitivity or dominant subjects to the environment and develops ideas of reference, delusions and hallucinations. It is in this group that are found more highly personal reference and significance in terms of the life experience of the patient.

(*e*) The paranoid group of psychoses present a great medical responsibility, especially in relation to early hospitalization.

(*f*) Likewise, the problem of mental deficiency and the constitutional deficit states should be recognized by the general practitioner.

The importance of the physician's attitude in approaching the patient, the development of rapport, reeducation procedures, and desensitization of the patient with the purpose of developing insight and understanding regarding the origin and nature of his symptoms, both physical and mental, cannot be overemphasized in the intern's training. Opportunity for such training should be offered in a general internship. Medical education is a continuous process and the physician's experience in psychotherapy is increased from year to year in terms of his clinical contacts.

GENERAL RECOMMENDATIONS AND SUMMARY

1. Psychiatry should be represented in the general internship as part of the basic preparation for the practice of medicine.

2. Such participation of psychiatry in straight, rotating and mixed internships is now possible in most hospitals through:

(*a*) Combined clerkships and internships and service in state hospitals during the summer months.

(*b*) Active psychiatric consultation service in both ward and outpatient departments.

(*c*) Liaison work between the various departments, especially with medicine and pediatrics.

(*d*) The allotment of definite time for psychiatry, preferably from two to four months in rotating schedules.

There should be greater utilization of the well equipped psychopathic and state hospitals, whereby affiliated schedules can be developed for intern training.

3. At the present time less than one fourth of the 7,357 interns now in training have the benefit of psychiatric training. In general, these psychiatric services are well appreciated by the intern and accepted by the staff and administrators of these hospitals as an essential part of the basic training.

4. Psychiatric training in the future should be considered as a requirement for licensure. This will be a great educational step forward in protecting the public from the quack and further emphasizing the importance of the psychologic aspect of all medicine as well as furthering greater cohesion and correlation between the various fields of medicine.

5. Introducing psychiatry through the general internship will be a great impetus to the changes now taking place in undergraduate and graduate psychiatric teaching schedules. It should play a rôle in breaking down the tendency for immature specialization in various fields and in the acceptance of psychiatry as a fundamental phase of all medicine.

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DYSMENORRHEA RELIEVED BY RESECTION OF PRESACRAL SYMPATHETIC NERVES

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Our satisfactory results in the treatment of peripheral vascular disease by sympathetic ganglionectomy and trunk resection have encouraged us to carry out investigations of diseases resulting from dysfunction of the sympathetic nervous system. The present report is a review of six cases of dysmenorrhea relieved by section of the presacral nerve, the operation described by Cotte in 1924.

HISTORICAL DATA

Jaboulay [1] is credited with making the first attempt to relieve pelvic pain by interrupting the afferent pathways in the sacral sympathetic chain. Ruggi [2] contributed to this investigation by performing abdominal sympathectomy for functional disturbances of the female genital organs, and he advised resection of the utero-ovarian plexus by the transperitoneal route. The results of Jaboulay's and Ruggi's operations were only partially successful; some patients were relieved, some were partially relieved, and others had recurrence of pain. Leriche [3] introduced periarterial sympathectomy of the internal iliac artery as a means of relieving pain in cases of functional dysmenorrhea. This procedure was adopted and used by Cotte,[4] Hallopeau [5] and Michon.[6] Cotte (1925) introduced the operation of resection of the superior hypogastric plexus (presacral nerve of Latarjet,[7] or the prelumbar nerve of Elaut [8]), for functional dysmenorrhea, and reported excellent results. Since Cotte's operation is the more easily performed, it has been substituted for periarterial sympathectomy of the internal iliac artery. The same surgical

From the Section on Neurologic Surgery and the Division of Surgery, the Mayo Clinic.

1. Jaboulay: Le traitement de la névralgie pelvienne par la paralysie du sympathique sacré, Lyon méd. **90:** 102-104 (Jan.) 1899.

2. Ruggi, Giuseppe: La simpatectomia abdominale utero-ovarica come mezzo di cura di alcune lesioni interne negli organi genitali della donna, Bologna, N. Zanichelli, 1899.

3. Leriche, R.: Résultats de la sympathectomie faite sur les artères hypogastriques et ovariennes en gynécologie, Presse méd. **33:** 465 (April 11) 1925.

4. Cotte, Gaston: La sympathectomie hypogastrique a-t-elle sa place dans la thérapeutique gynecologique? Presse méd. **33:** 98-99 (Jan. 24) 1925; Sur le traitement des dysménorrhées rebelles par la sympathectomie hypogastrique péri-arteriélle ou la section du nerf présacré, Lyon méd. **135:** 153-159 (Feb.) 1925.

5. Hallopeau, P.: Guérison d'une nevralgie génitale à forme grave par la resection du plexus hypogastrique, Bull. et mém. Soc. de chir. de Paris **48:** 1143-1147 (Nov. 8) 1922.

6. Michon, Louis: Dix observations d'opération sur le sympathique pelvien chez la femme, Lyon chir. **23:** 459-469, 1926.

7. Latarjet, A., and Bonnet, Paul: Le plexus hypogastrique chez l'homme, Lyon chir. **9:** 619-644 (June) 1913.

8. Elaut, L.: The Surgical Anatomy of the So-Called Presacral Nerve, Surg., Gynec. & Obst. **55:** 581-589 (Nov.) 1932.

procedure of presacral resection of nerves has been employed by Learmonth [9] and others, in the treatment of cord bladder and painful bladder, and in Hirschsprung's disease, since the superior hypogastric plexus (the presacral nerve of Latarjet) contains nerve fibers conducting vasomotor responses to the vessels of the bladder, sigmoid and rectum, contracting impulses to the internal sphincter of the bladder and rectum, inhibiting impulses to musculature of the bladder and rectum, and contracting impulses to the urogenital trigon and afferent pain fibers.

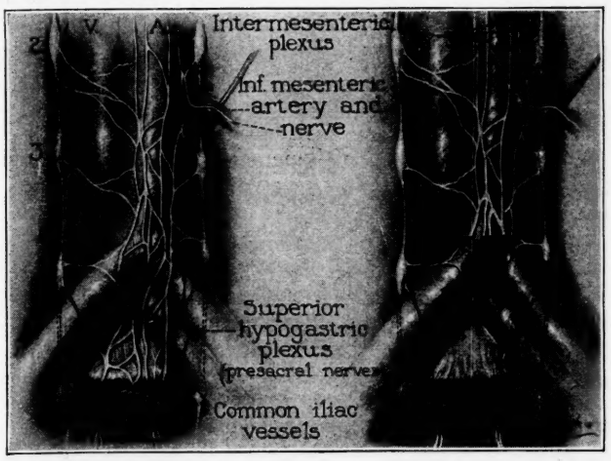

Fig. 1.—Left, elevation of presacral nerves as they cross the bifurcation of the abdominal aorta. Right, method of resection of presacral nerves.

Anatomy.—Elaut stated, after a review of fifty cases, and of the anatomic works of Hovelacque,[10] Latarjet Bonnet and others, that the presacral nerve has its origin in the aortic plexuses situated between the superior and inferior mesenteric arteries. The two nerves are arranged in parallel bundles associated with an oblique anastomosis running across the aorta to rejoin its partner on the opposite side (fig. 1). The bundles sometimes run together on the anterior wall of the aorta for a distance of 1 cm., where they disunite into separate groups. To the intermesenteric nerves of Petit-Dutaillis and Flandrin,[11] postganglionic lumbar sympathetic fibers are added, so that at the level of the inferior mesenteric artery the intermesenteric nerves divide into two distinct bundles: (1) the inferior mesenteric plexus running along the artery itself, and (2) the bundle continuing straight down on the anterior wall of the lower part of the aorta and below. This is the so-called plexus hypogastricus superior of Hovelacque and consists of two main bundles. In both bundles, several fine branches may be detected and separated from their neighbors. The two main bundles are parallel at a distance of about 1 cm. from each other but have a definite tendency to join so as to make a distinct branch. Elaut stated that an incongruence arises in the description of Latarjet and Bonnet, since these authors make a distinction between the two sympathetic chains, the lateral vertebral chain and the prevertebral chain. Although the aorta divides into the common iliac arteries, the prevertebral chain does not divide in like manner. Most of the nerve elements assemble to form a flattened and irregular cord composed of compact fasciculi united by short anastomosis and dense connective tissue. This particular nerve has been called the "nervous uterinus magnus" by Tiedemann.[12] However, since this nerve bundle contains fibers to organs other than that of the uterus, it is usually called the presacral nerve. It enters the pelvis over the bifurcation of the aorta, crosses the left iliac vein, rises over the prominence of the promontory and is stretched on the anterior surface of the sacrum. For a distance of from 4 to 6 cm. after it reaches the pelvis, the presacral nerve separates to form the two hypogastric nerves. Elaut stated, following his anatomic investigation, that the use of the term "nerve" in describing a plexus of the presacral nerve is inappropriate, since there are so many variations and the arrangements of the fibers in the nerve really form a plexus and therefore should be called the superior hypogastric plexus of Hovelacque. He further stated that the triangular mass of nerves situated between the common iliac arteries on the promontory receives a series of secondary connections from the inferior mesenteric plexus which lies within the pelvic mesocolon, which in turn lies at its left, and from the last ganglion of the lumbar chain. The presacral nerve (superior hypogastric plexus) in reality forms a trigon, which is situated between the common iliac arteries posterior to the peritoneum and on the anterior surface of the sacrum. It is readily exposed by incising the peritoneum in the median line from the bifurcation of the aorta downward for a distance of 8 cm. (fig. 2).

A few nerve filaments from the superior hypogastric plexuses course along the common iliac artery. The inferior hypogastric nerves that are a continuation of the principal bundles of fibers from the superior hypogastric plexus course obliquely from above downward in the lateral rectal space. They then follow the internal iliac artery and give off branches with accompanying branches of these arteries, while a group of fibers from the inferior hypogastric nerve terminates in the musculature of the urogenital trigon, bladder and rectum. However, before doing so they pass through a ganglionic mass known as the hypogastric ganglion, which is situated in the superior pelvic space between the peritoneum and the fascia covering the levator ani muscles.

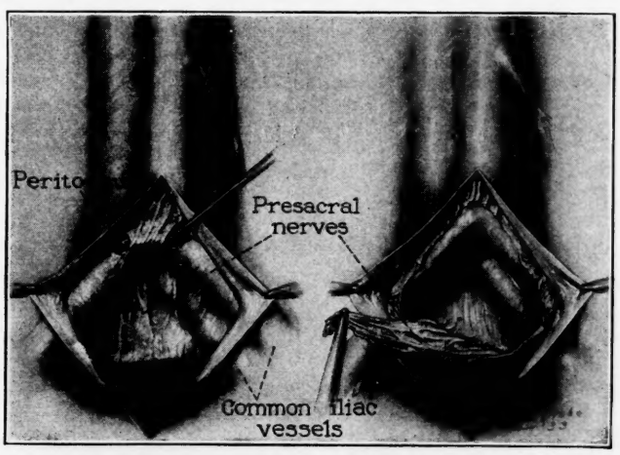

Fig. 2.—Left, diagram of superior hypogastric plexus (presacral nerve) illustrating its position and relationships of the nerves. Right, the portion resected.

9. Learmonth, J. R.: Neurosurgery in Diseases of the Urinary Bladder, Am. J. Surg. **16**: 270-274 (May) 1932.
10. Hovelacque, A.: Anatomie des nerfs craniens et rachidiens et du système grand sympathique chez l'homme, Paris, G. Doin, 1926.
11. Petit-Dutaillis and Flandrin: Anatomie chirurgicale des nerfs du rein, Bull. et mém. Soc. anat. de Paris **93**: 635-647 (Oct.-Nov.) 1923.
12. Tiedemann, Fridericus: Tabulae nervorum uteri, Heidelberg, A. Oswald, 1822.

A secondary plexus forms on the anterior surface of the rectum, just posterior to the uterus and vagina, and becomes intimately connected to the uterosacral ligaments.

Uterus.—Fontaine and Herrmann,[13] in a review of the sympathetic innervation of the uterus, tubes and ovary, made the following statement: The nerve fibers in the wall of the uterus are derived from the great plexus of Frankenhäuser,[14] which is situated on each side of the body of the uterus and the broad ligament. These plexuses are made up of fibers from both the hypogastric and sacral plexuses. The nerve fibers in the wall of the uterus are distributed mainly in the uterine musculature. Certain of the older investigators maintain that nerve fibers also terminate in relation to the uterine mucosa, but according to Kuntz [15] most data now available do not support this view. It is Kuntz's belief that in all probability true ganglion cells have been observed in the wall of the uterus, which probably have become displaced from the ganglions in the utero-vaginal plexus during the course of development.

Fallopian Tube.—The fallopian tube is supplied by unmyelinated and myelinated fibers derived from the ovarian plexus. Kuntz stated that the bundles of nerve fibers penetrate the wall of the tube and give rise to branches, which are distributed to all layers except possibly the epithelium of the uterus.

Ovary.—The ovary derives its nerve supply mainly from the ovarian plexus, which arises from intermesenteric and renal plexuses and follows the ovarian artery throughout its entire course. Hovelacque stated that three fibers arise from the middle of the renal plexus to join the ovarian plexus. The ovarian plexus enters the suspensory ligament of the ovary and divides into an external tubular branch, which supplies the fallopian tube and one or several internal branches that go to the hilus of the ovary. Five or six terminal filaments of the external tubular branch course through the broad ligament and reach the lateral border of the uterus.

Parasympathetic Neurons.—Parasympathetic fibers arise from the visceral branches of the second, third and fourth sacral nerves. These fibers with cortical spinal nerves transmit to and receive impulses from the pelvic organs. They are intimately associated with the sympathetic fibers and take part in the plexiform arrangement about these organs.

Sympathetic Afferent Neurons.—It has been generally assumed that all postganglionic sympathetic neurons are efferent fibers, but in the light of clinical results in the treatment of peripheral vascular and painful lesions of the extremities by sympathectomy, and the results obtained in the treatment of functional dysmennorhea by resection of the presacral nerves, it might be assumed that afferent pain fibers are intermingled with the postganglionic fibers and reach the dorsal ganglion of the spinal roots by an antidromic course through the white rami communicantes.

The Physiologic Function of Pelvic Nerves.—Fontaine and Herrmann stated that the hypogastric plexus exerts a vasoconstrictor action on the vessels of the internal genital organs, whereas the parasympathetic nerves exert a vasodilatory effect. The sympathetic nerves inhibit the secretion of the genital glands, and the parasympathetic nerves stimulate the glands to secretion. The exact control of the motility of the uterus is still unknown. Langley and Anderson [16] demonstrated that the center of the rabbit's uterine contractions is situated between the tenth dorsal and the second lumbar segment of the spinal cord. Dahl considers the sympathetic fibers as the excitors, and the parasympathetic fibers the inhibitors of uterine contractions.

The Pelvic Sympathetic Nerves in Relation to Menstruation.—Resection of the superior hypogastric plexus does not alter the normal menstrual cycle. Fontaine and Herrmann noted that an atypical or supplementary menstrual period will occur on about the second postoperative day if the last regular menstrual period ended four or five days prior to the resection of the superior hypogastric plexus. They said: "We are inclined to believe that this is the result of an intense uterine congestion which follows the pelvic sympathectomy, and so it should not be considered as a true menstrual period. The subsequent menstrual period appears about twenty-eight days after the preoperative period and not in relation to the supplementary postoperative hemorrhagic discharge from the uterus." They further stated that there are many cases on record in which normal parturition took place when patients had previously been subjected to resection of the superior hypogastric plexus for the relief of some painful condition in the pelvis. Resection of the extrinsic genital nerves does not alter the normal menstrual cycle, does not interfere with spontaneous parturition and does not produce glandular atrophy, chronic pelvic congestion or any disturbances of motor function of the bladder or rectum. This should be clinical evidence that these genital nerves of the sympathetic nervous system are sensory rather than motor.

Fontaine and Herrmann, and Leriche, stated their belief that the hypogastric plexuses carry the important pathways of sensation from the internal genital organs to the medullary center, and that resection of the superior hypogastric plexus above the hypogastric ganglion is a safe, simple and effective way of interrupting these pathways in the treatment of functional dysmenorrhea, as well as a method of treating other forms of severe pelvic pain. We agree that presacral fibers undoubtedly carry afferent sensations of pain, but it is our opinion that the relief of pain in functional dysmenorrhea is obtained not only by cutting the pain fibers but from interruption of efferent fibers in the presacral group, which supply the blood vessels in the genitalia and the musculature of the uterus.

In order to relieve all pain arising in the region of the ovaries, it would be necessary to strip the ovarian artery by periarterial sympathectomy or by dividing the ovarian artery. Thus, by resecting the presacral nerve in conjunction with periarterial sympathectomy of both ovarian arteries or by sectioning the arteries, it should be possible to relieve pain both in the uterus and in the ovaries.

Cotte has demonstrated in more than 200 cases that pelvic pain was more completely relieved when resec-

13. Fontaine, René, and Herrmann, L. G.: Clinical and Experimental Basis for Surgery of the Pelvic Sympathetic Nerves in Gynecology, Surg., Gynec. & Obst. **54**: 133-163 (Feb.) 1932.

14. Frankenhäuser, F.: Die Nerven der Gebärmutter und ihre Endigungen in den glatten Muskelfasern: Ein Beitrag zur Anatomie und Gynakologie, Jena, F. Mauke, 1867.

15. Kuntz, Albert: The Autonomic Nervous System, Philadelphia, Lea & Febiger, 1929.

16. Langley, J. N., and Anderson, H. K.: The Innervation of the Pelvic and Adjoining Viscera: Part IV. The Internal Generative Organs, J. Physiol. **19**: 122-130 (Dec. 30) 1895.

tion of the presacral nerve was combined with other procedures, such as uterine suspension, freeing of adhesions, and removal of chronically infected tubes. We can fully subscribe to the suggestions made by Cotte, Fontaine and Herrmann, and Leriche, that gynecologic lesions should be treated before sympathectomy is considered. We therefore divide dysmenorrheas into two groups: the true functional type without organic lesions, and those which are complicated by gynecologic lesions. As a rule, therefore, these patients are operated on by both gynecologic and neurologic surgeons. Before any type of sympathectomy has been performed the surgeon explores the pelvis and corrects the pathologic condition, and if not sufficient pathologic change is found to explain the pain, resection of the presacral nerve is performed as a single operation, or it is combined with resection of the lumbar trunk or with periarterial sympathectomy of the ovarian artery.

SURGICAL CONSIDERATIONS

We have not often resected the presacral nerve, but after observing the results obtained in the six cases presented here we are convinced that the operation is far more useful than we had previously considered. Our results correspond to similar results reported by foreign and American surgeons.[17] Since the operations were performed in these six cases, other operations have been performed by our colleagues in the clinic; these will be reported later.

Before adopting the presacral nerve procedure, we employed in one case the periarterial sympathectomy to the common iliac artery, and the internal and external iliac arteries on the left side, for intractable pain that had developed ten months after subtotal hysterectomy had been performed for fibromyomas. The pain was continuous and excruciating, and radiated from the left iliac fossa to the rectum. The patient was a woman, aged 38, the wife of a physician. At the time of operation, June 12, 1929, many adhesions were encountered and the left ovary was found to be sclerotic. The ovary was removed, adhesions were broken down, and the arteries were denuded of their adventitious coat for a distance of 5 cm. The peritoneum was subsequently closed to cover all denuded areas but, in spite of the rather extensive dissection, relief was not obtained. The failure to relieve pain in this particular case may have been due to the patient's unstable nervous system rather than to an ineffectual operation, since she complained of many other discomforts. However, the experience discouraged us in continuing periarterial sympathectomy of the iliac artery.

REPORT OF CASES

CASE 1.—A woman, aged 27, admitted to the Mayo Clinic, May 28, 1928, had been married nine years and was the mother of four children. Painful menstruation had been present for three years, previous to which the periods had always been regular; they then varied from three to four weeks. The flow was moderate and continued for from seven to eight days. The pelvic pain was more or less constant and was much worse the day preceding the period, with some cessation during the flow.

Physical and laboratory examinations revealed nothing abnormal except for slight lacerations of the cervix and slight mucoid discharge. The pain was not relieved by douches or treatment of the cervix, and June 9, 1928, a diagnostic dilation and curettage with cautery punctures of the cervix was performed. This decreased the cervical discharge but failed to relieve the pelvic pain, which was more pronounced in the left side of the pelvis than in the right. Aug. 19, 1931, the patient was readmitted to the hospital and laparotomy was performed, which included removal of the appendix for chronic catarrhal appendicitis, resection of the presacral nerve and division of the left lumbar sympathetic chain above the first sacral ganglion.

The patient's convalescence was uneventful, the wound healed by primary union, and she was dismissed from the hospital on the fourteenth postoperative day. Her last report, March 6, 1933, stated that she had been completely relieved of pain and considered the result 100 per cent successful. There had been no change in the menstrual cycle except that it had become more regular, but the flow had increased and now continued the full eight days and occasionally an extra day. There had been no further pregnancies.

CASE 2.—A single woman, aged 22, was admitted to the clinic, July 5, 1929, complaining of painful menstruation since its onset at the age of 12 years; the pain had become much more severe in the two years previous to admission. The periods were regular, occurring every twenty-eight days, with a moderate flow lasting from five to six days. The cramping pains began ten days before onset of the flow, occurred every two hours and lasted from ten to twelve minutes, causing the patient to double up during the paroxysm.

The physical and laboratory examinations and the bimanual examination of the pelvis were negative. Diagnostic dilation and curettage with insertion of a Baldwin tube was advised.

At operation, Aug. 15, 1931, the cervix was found to be soft and was easily dilated. The uterine scrapings revealed an atrophic endometrium. A Baldwin tube was inserted through the cervical canal and sutured in place to be left there for two regular menstrual periods. Unfortunately this procedure failed to give relief and the patient continued to have recurrent pains with catamenia, in spite of the fact that tincture of belladonna had also been administered. She returned for numerous subsequent examinations and on the date of her last registration, June 11, 1932, she was advised to have a laparotomy with a view of performing resection of the presacral nerve.

Laparotomy was carried out, June 15, 1932. The uterus was of normal size and position, with a small myoma in the anterior wall. The adnexa were normal. The gynecologic surgeon stated that there was not sufficient pathologic change in the pelvis to explain the pain, and resection of the presacral nerves was performed by the neurologic surgeon. Convalescence was uneventful and the patient was dismissed from the clinic, July 6.

Subsequent reports from the patient have all been favorable. The last one, received Feb. 27, 1933, stated that she menstruated every twenty-four days. The flow was shorter than previously, lasting approximately three and a half days, and it had decreased. We asked the patient to express in percentage the relief experienced, and she stated that it has been 100 per cent; for the first time in her life she had been free from pain during catamenia and her only discomfort now is a little tenderness in the small of the back during the first day of menstruation.

CASE 3.—A schoolgirl, aged 17 years, was registered at the clinic, June 16, 1932, because of dysmenorrhea, which came on with the onset of the menstrual periods at the age of 12 years. Many types of treatment, including morphine hypodermically, had been tried.

General and laboratory examinations were negative. The hymen being intact, the pelvis was examined bimanually through the rectum. The patient was advised to have a pelvic examination under ether with dilation and curettage, to be followed by resection of the presacral nerves if the diagnostic curettage was negative.

June 18, the uterus was curetted. Aside from a slightly hypertrophied endometrium, nothing was found to explain the dysmenorrhea, and laparotomy was immediately performed. The uterus was retroflexed but was easily replaced. A small hydatid cyst of Morgagni was found in the right tube and this was removed preliminary to resection of the presacral nerve. The operative convalescence was uneventful and the patient was dismissed from the clinic, July 7.

The patient reported after the first two or three menstrual periods following sympathectomy that she had been conscious

17. Wetherell, F. S.: Relief of Pelvic Pain by Sympathetic Neurectomy, to be published.

of some discomfort during catamenia but that the pain was only 50 per cent as severe as before the operation. With subsequent menstrual periods, the pain had gradually subsided and by March 4, 1933, her relief, estimated in percentage, was 95. The menstrual periods now lasted five days, whereas previously they had lasted seven days, but the flow had been much more profuse since the operation. The patient's constipation had not been relieved by resection of the presacral nerve. Immediately following operation, two menstrual periods had been missed.

CASE 4.—A woman, aged 18, a teacher, came to the clinic, July 6, 1932, because of dysmenorrhea and symptoms of Raynaud's disease in the lower extremities. Slight vasomotor changes had also occurred in the hands. Symptoms of Raynaud's disease began in the winter of 1931, continued until the warm weather of the summer of 1931, and again recurred in the autumn. During the winter the menstrual flow was irregular; it occurred every six to eight weeks, was scanty, lasted five days and was associated with cramping pains. In the summer the menstrual cycle was regular and only slight discomfort was experienced.

The patient's symptoms of Raynaud's disease responded favorably to the preoperative vaccine, which indicated that she would receive benefit from bilateral lumbar sympathetic ganglionectomy and trunk resection. July 13, this operation was performed in conjunction with resection of the presacral nerve. The abdominal exploration was negative except for a cystic ovary on the left which contained about 3 cc. of yellow, gelatinous fluid. The cyst was removed and the remaining portion of the ovary was preserved. Convalescence was without incident and the patient was dismissed from the clinic, August 1.

Following operation, symptoms of Raynaud's disease, that is, asphyxia followed by cyanosis and rubor, disappeared completely and have not returned. March 8, 1933, the patient reported that her menstrual periods had been regular during the winter of 1933; the flow had lasted five days and was more profuse than before. She was free from cramps during catamenia but she was conscious of a backache. She evaluated the result obtained from operation as 75 per cent successful.

CASE 5.—A woman, aged 18, a laboratory technician, registered at the clinic, Nov. 11, 1930, complaining of dysmenorrhea which dated back to appendectomy performed five years previously. She had been examined at the clinic on numerous occasions, before and since that date, because of illnesses, such as tonsillitis, painful feet, trichophytosis, myopia and astigmatism, all of which had been more or less incidental to the painful menstrual periods. The various medications usually employed in the medical treatment of dysmenorrhea were given. Oct. 4, 1932, she returned to the clinic demanding surgical intervention.

On bimanual examination the uterus was found to be normal in size and movable in the anterior position. Menstruation was irregular, occurring about every five weeks, the flow continuing for four or five days. Severe cramps occurring two days before onset were often so severe that she was compelled to go to bed. She was advised to have a pelvic examination under ether and dilation and curettage of the uterus, with the understanding that, if definite lesions were not found in the pelvis, a laparotomy was to be performed followed by resection of the presacral nerve.

At operation, October 6, the cervix was found to be easily dilated and the uterine scrapings proved to be fairly normal. Exploration did not disclose pathologic change; the appendix had been cleanly removed with no unusual amount of adhesions, and the pelvic and abdominal organs were normal. Resection of the presacral nerve was carried out and the wound closed. The postoperative course was uneventful and the patient was dismissed from the clinic, November 18.

The first menstrual period after sympathectomy was overdue one week and lasted only half as long as previously, which was from four to five days. The discomfort on the morning of onset was rather severe, but by noon most of the symptoms had disappeared and the patient was able to be up and at work, whereas previously she had been compelled to remain in bed for two days during the catamenia. With each successive menstrual period the discomfort became less. March 1, 1933, she admitted that she was completely relieved of pain during her menstrual periods, which now continue from three to four days with the flow about the same as before. This patient was married about a year before her operation but has had no children. She stated that she was free from pain during intercourse, which previously had been painful.

CASE 6.—A woman, aged 22, a nurse, registered at the clinic, Aug. 12, 1922, complaining of dysmenorrhea. She stated that the pain was localized in the left iliac region and was more or less constant throughout the month but was aggravated during menstruation. She, too, had been examined at the clinic previously for numerous discomforts, and appendectomy had been performed, Dec. 26, 1928. The pelvic examination at that time revealed nothing abnormal. After trying a great variety of medical measures she again registered at the clinic, Feb. 29, 1933, with the same complaint of dysmenorrhea, and further medical measures were employed.

July 31, 1933, the presacral nerves on the promontory of the sacrum were dissected free and segments 5 cm. long were removed. Convalescence was uneventful and the patient was dismissed from the clinic, August 16, having had a normal menstrual period two weeks after the operation without any evidence of the old pain.

SUMMARY

The group of cases reported is too small to permit general conclusions, but the results obtained are so satisfactory that it seems justifiable to employ the procedure for patients suffering from dysmenorrhea who cannot be relieved by medical measures such as endocrine therapy, the administration of tincture of belladonna, occasional doses of codeine, catharsis or hot douches at the onset of the menstrual periods.

THE TEACHING OF INDUSTRIAL HYGIENE

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The New York State Health Commission, which was organized by President Franklin D. Roosevelt when he was governor of New York, recommended, among other things, in its report [1] that "additional courses in industrial hygiene be established in medical and public health schools."

SPECIAL SURVEY AND COOPERATIVE STUDY

From past experience in medical and public health teaching and administration and from the standpoint of present work in the field of industrial health service, I have been interested in making a survey of the present practices and recent trends in the teaching of industrial hygiene in the medical and public health schools of the United States and Canada. The study is based on written and printed material in the form of letters and school bulletins received from deans and other faculty members of the various colleges and universities. To all these persons, individually and collectively, I express my sincere appreciation of the cooperative services they have rendered in contributing to this study.

DEFINITIONS AND CLASSIFICATIONS

The word hygiene is a much abused term. It may be defined as "the science of health and of its preservation." Moreover, the various classifications and sub-

Read before the Annual Congress on Medical Education and Licensure, Chicago, Feb. 13, 1934.

1. Public Health in New York State, New York State Department of Health, Albany, 1932.

divisions of the general subject of hygiene have followed no well ordered plan. Thus one speaks of prenatal hygiene, infant hygiene, preschool hygiene, child hygiene and adult hygiene, relating to time factors in the development of human life; maternal hygiene, sex hygiene and mental hygiene, having to do with physiologic functions; and mouth hygiene, dental hygiene and ocular hygiene, dealing with special anatomic structures. One also has come to associate three of the common divisions of hygiene with particular organized community activities, including home hygiene, school hygiene and industrial hygiene, all three of which may be grouped together under institutional hygiene, having many factors and features in common. The words industrial hygiene also have been used carelessly and improperly in much medical thinking and writing. With no thought for their real meaning, the words industrial hygiene, industrial medicine and industrial or occupational diseases in many instances have been used erroneously and more or less interchangeably as synonymous terms.

Industrial hygiene may be defined as the science of health and of its preservation among workers in industry. It should involve primarily a program of health conservation and disease prevention. Industrial medicine, surgery, nursing, sanitation and health education are a few of the means for carrying out a program. Specific industrial or occupational diseases, poisonings and accidents are some of the conditions to be combated in any adequate program of industrial hygiene, but, taken by and large, they are not the most important disability problems in industry. The common cold and other diseases of the respiratory system, including pulmonary tuberculosis; the usual diseases of the digestive, nervous and circulatory systems, and the so-called degenerative diseases of advancing years are the conditions of paramount importance as causes of disability and loss of time from work. Industrial hygiene is not a matter primarily of combating poisons and bandaging fingers but rather of preventing the common diseases of adult life and, through education and other means, of building up positive health and encouraging the development of proper health habits among employees. Moreover, the common sickness hazard is much greater than the accident hazard in industry. As indicated in the report of the New York State Health Commission,[1] "the greatest opportunities for an industrial health service lie in health promotion activities in which the emphasis is on preventing rather than cure."

In view of the numerous "hygienes" and other specialties claiming recognition and knocking at the door of the medical school curriculum, there is little wonder that the average dean looks on their proponents as big bad wolves ready to destroy the major fundamentals of medical education by the substitution of many minor subjects. In this connection, it is not without some degree of sympathy and trepidation that I approach the subject of the teaching of industrial hygiene.

ELEMENTS OF AN ADEQUATE INDUSTRIAL HEALTH PROGRAM

Before proceeding further with a consideration of the subject of instruction in industrial hygiene, it may be well briefly to bring into focus what it is wished to teach; in other words, What are the fundamental elements of an adequate industrial health program? An answer to this question may point the way to the subject matter and methods that logically should be included in a well rounded plan for collegiate education on this subject.

From the standpoint of present practice in the larger companies, the industrial health program usually is organized as a part of the general personnel program under a vice president or other business official, who is director of personnel and public relations of the company. The director of health and safety, the medical director, or whatever may be the title of the person directly in charge of health activities, reports as a rule to the personnel director or one of his assistants.

An outline of the sections, subdivisions and relative values of a personnel and industrial relations program, of which the health program usually is a part, was suggested by me [2] in 1932. A further detailed presentation of proposed industrial health programs for large and small companies was published in 1933.[3] The scope of the present study does not permit of a repetition of these outlines. For a detailed description of an industrial health program and a new appraisal form or yardstick for the measurement of an industrial health service, as well as a brief account of the functions of and parts played by medical, nursing and allied services, reference is made to a recently published book [4] on this subject.

The general subjects included in an industrial health program which should be covered in the teaching of industrial hygiene may be outlined briefly as follows:

1. Vital statistics activities, including death, sickness and accident records, reports and studies of company employees.

2. Communicable disease control, including case investigations and records, medical and nursing service and specific immunization; special attention to the prevention and control of tuberculosis among employees.

3. Occupational disease and accident control, including records, case investigations and reports; medical examinations and assurance of adequate treatment; observance of laws and regulations, and education of employees on and protection against specific hazards.

4. Personal and environmental hygiene of office, shop, store, factory and outdoor field workers, including daily observation; periodic inspection; medical examinations (including preemployment and periodic); assurance of adequate medical treatment; field or nursing visits; building and factory sanitation; lighting, heating and ventilation; food and milk control in cafeterias; health and safety education and publicity, and recreation and rest facilities.

5. Related subjects, including a consideration of the functions of an industrial physician and his relation to the management and working forces; the organization of company medical and nursing units, and a brief review of the other features of a complete industrial personnel program, including various employment, educational, economic and cooperative activities, not the least of which have to do with provisions, such as benefits, compensation or insurance, against the risks of death, sickness, accidents and unemployment.

BEGINNINGS OF INSTRUCTION IN INDUSTRIAL HYGIENE

Just as public health and preventive medicine in general began largely with attention to environmental hygiene or sanitation and later developed into the "newer public health," which promoted personal hygiene to equal rank in importance with sanitation, so also industrial health has evolved from a primary interest in environmental hazards causing sickness and accidents in a few industries to an equal interest in the

2. Bristol, L. D.: An Appraisal Form for Industrial Health Service, Am. J. Pub. Health **22**: 1263 (Dec.) 1932.
3. Bristol, L. D.: Appraisal of Industrial Health Activities, Industrial Med. **2**: 85 (Aug.) 1933.
4. Bristol, L. D.: Industrial Health Service, Philadelphia, Lea & Febiger, 1933.

personal hygiene and health habits of the individual workers of all industries. The same evolution has been evident not only in the practice of industrial hygiene but also in education on this subject through books and organized courses and classes.

Publications.—The first knowledge of and instruction in industrial hygiene came through books and other publications on specific occupational diseases.

TABLE 1.—*Medical Schools That Give Separate Courses in Industrial Hygiene*

Schools	Courses
Chicago	Elective course in industrial medicine only, under department of internal medicine
Cincinnati	Special short course for senior medical and graduate students
Colorado	Elective course for medical and graduate students under department of bacteriology and public health
Columbia	Separate courses in industrial medicine and industrial physiology under institute of public health, for candidates for public health degree
Harvard (School of Public Health)	Separate courses in industrial medicine and in industrial hygiene and sanitary engineering
Illinois	Separate course for seniors; lectures and demonstrations in cooperation with state department of public health
JohnsHopkins (School of Public Health)	Subject matter of industrial hygiene treated in several separate courses under department of physiologic hygiene
Long Island	Separate course of lectures in industrial hygiene for third year medical students, under department of preventive medicine and community health
McGill, Canada	Separate courses of lectures and demonstrations to third year medical students and graduate students
Michigan	Elective course in industrial hygiene open to medical students and candidates for public health degree
Pennsylvania	Separate course for graduate students and candidates for public health degree
Toronto, Canada (School of Hygiene)	Separate lecture and demonstration course for candidates for public health degree
Yale	Elective course for medical and public health students

Hippocrates, Galen, Pliny and others referred in their writings to certain occupations that resulted in sickness more or less as cause and effect. It was not until about 1700 that Ramazzini,[5] an Italian, published the first book on diseases associated with special occupations. Following this work, various articles on occupational diseases appeared in medical and health literature, and other books and monographs were published by Thackrah, des Planches, Halfort, Melier, Delpech, Kussmaul, Eulenberg, Hirt and Layet from 1800 to 1875. Since then, numerous modern works on industrial hygiene have been published by English, French, German and American authors.

College Lectures and Courses.—The organized teaching of industrial hygiene in the schools and colleges of this country started in the form of a few special lectures on this subject included in the regular courses on preventive medicine and public health. Kober at Georgetown Medical School in Washington, D. C., was one of the first who gave such lectures, as early as 1890. Beginning about 1905, Winslow gave instruction in industrial hygiene as a special course at the Massachusetts Institute of Technology, where such instruction has been continued by other teachers. Since then, various medical and public health schools throughout the United States and Canada have organized lectures, separate courses and special research in industrial hygiene.

5. Ramazzini: De morbis artificium diatriba, Padua, 1700.

PRESENT PRACTICES IN THE TEACHING OF INDUSTRIAL HYGIENE

Based on letters, personal communications and published bulletins received from deans and other faculty members, an attempt has been made to outline briefly in the accompanying tables the present practice in the teaching of industrial hygiene in the medical and public health schools of the United States and Canada. This study does not include a few nonmedical colleges or schools that may give such instruction.

Separate Courses.—Out of eighty-five medical and public health schools from which information was sought, sixty-six supplied data for this study. Of these sixty-six there are only thirteen schools that give separate courses in industrial hygiene, as outlined in table 1.

Separate Lectures.—Of the sixty-six supplying information, twenty-four medical schools assign one or more separate lectures to industrial hygiene in their general public health or hygiene courses. These schools with the number of lectures are given in table 2.

TABLE 2.—*Medical Schools That Assign One or More Lectures to Industrial Hygiene in General Public Health or Hygiene Courses*

Schools	No. of Lectures
Baylor	6
Cincinnati	5*
Creighton	3
Georgetown	3
Harvard	2-3*
Illinois	1-2*
Indiana	2-3†
Jefferson	8
Louisville	6-8
Medical College of Virginia	2
Michigan	2*
New York Homeopathic	2-3
New York (University and Bellevue Hospital)	1-2
Pennsylvania	3*
Pittsburgh	6-8
Queen's (Canada)	9†
Stanford	5‡
Texas	1-2
Toronto (Canada)	1-2*
Tufts	1-2
Washington (St. Louis)	2†
Western Ontario (Canada)	2†
West Virginia	2
Yale	3*

* See also under table 1.
† Referred to briefly in various other courses.
‡ Also five separate lectures on work of industrial accident commission.

TABLE 3.—*Medical Schools That Give Brief Attention to Industrial Hygiene in General Public Health or Hygiene Courses*

Alberta (Canada)	Oregon
California*	South Carolina
Chicago*†	Southern California
Colorado†	Syracuse*
Cornell*	Tulane
George Washington	Vanderbilt*
Marquette	Wisconsin
Medical Evangelists (California)	Woman's Medical College (Pennsylvania)
Nebraska	
Ohio State	

* Referred to briefly in various other courses.
† See also under table 1.

General Instruction.—Another group of medical schools, while not reporting the assignment of any definite time to industrial hygiene, gives brief attention to the subject in the general public health or hygiene courses. Eighteen such schools out of the sixty-six are listed in table 3.

Table 4 indicates the names of another group of twenty-one medical schools which, from information available, give no specific instruction in industrial

hygiene. However, in some of these institutions, instruction on closely related subjects is covered briefly in other courses.

Field Instruction and Surveys.—It may be stated that field visits to industrial plants for inspection and surveys should be to the teaching of industrial hygiene what hospital ward rounds are to the teaching of clinical medicine. The fifteen schools (twelve medical and three public health) listed in table 5 report that they make available such field trips to industrial plants as a part of their instruction in industrial hygiene. Other schools require at least occasional field investigations of industrial hazards, or brief inspections.

TABLE 4.—*Medical Schools That Apparently Give no Specific Instruction in Industrial Hygiene*

Alabama*	Meharry
Albany†	Missouri
Boston	North Carolina*§
Dartmouth*	Northwestern
Duke†	Oklahoma
Georgia	Rochester†
Howard	Saskatchewan (Canada)*
Iowa	Utah*
Johns Hopkins‡	Virginia (Charlottesville)
Kansas	Western Reserve†
Loyola (Chicago)	

* Only two years of medical training.
† Referred to briefly in various other courses.
‡ See also under table 1.
§ Instruction on industrial hygiene in school of public administration.

Clinics and Theses.—In addition to regularly organized instruction and field trips, a few schools require written theses on subjects in industrial hygiene, and two or three, in cooperation with associated hospitals, have organized special clinics for industrial diseases. The use of additional outside specialists in industrial hygiene, as guest speakers, is a feature of the instruction in a few schools.

No information relative to the teaching of industrial hygiene was received from the following medical schools: Arkansas, Buffalo, Dalhousie (Canada), Detroit, Emory, Hahnemann, Laval (Canada), Louisiana, Manitoba (Canada), Maryland, Minnesota, Montreal (Canada), North Dakota, St. Louis, South Dakota, Temple, Tennessee, Vermont and Wake Forest. Some of these schools are located in more or less agricultural states or provinces with little interest in industrial hygiene, while a few are two year schools which include only fundamental preclinical subjects and courses. With one or two possible exceptions, it may safely be said that little or no instruction in industrial hygiene is given in these schools.

FUTURE OBJECTIVES AND DEVELOPMENT OF INSTRUCTION IN INDUSTRIAL HYGIENE

One of the objectives in training medical students for work in industrial hygiene which well might be a guide in the future, has been expressed as follows by one of the teachers in this subject:

> Our work in industrial hygiene is so planned that our students may have some knowledge of the problem as one of prevention. It seems to me that for many years the work will be done for the most part by general men and that it is very important to send our men out with the prevention idea well hammered in.

Another teacher of industrial hygiene says:

> Our conception of industrial hygiene is that it bears the same relationship to adult health that school hygiene bears to child health and we think that in many respects the teaching of toxicology is less important than other things. We base our opinion on the fact that comparatively few industrial workers suffer from industrial poisoning, whereas a great number suffer from tuberculosis, cardiovascular disease and, not least of all, upper respiratory infections. With this viewpoint, we try to shape our lectures along the lines of adult hygiene.

One dean writes:

> Personally I regard the subject of industrial hygiene as extremely important. I wish very much that more time could be devoted to it in the medical curriculum. The subject is one of growing importance. Not only the lay public but the profession in general is in need of education in this field.

Another states as follows:

> With the coming of the depression our students who were preparing for work as plant physicians, and taking a number of courses, practically disappeared; but with the present social trend in medicine there is no doubt such men will reappear and it is our conviction that the general student in public health now should have more work in what may be called *industrial hygiene.*

Groups to be Reached and Available Instruction.—There are three groups of medical students to be reached with instruction in industrial hygiene:

1. Those who expect to become private practitioners of medicine and surgery but who eventually may give part time to industrial health work.
2. Those who expect to take up general public health work on a full time basis in a state, city or county department of health.
3. Those who anticipate devoting full time to industrial health service as a specialty.

For the first group it would seem desirable to furnish instruction in medical schools preferably during the latter part of the course. This should be in the form of a separate course in industrial hygiene, or as a series of at least three or four lectures on industrial hygiene included in the general course on public health, preventive medicine or hygiene.

For those who may be included in the second and third groups of students mentioned, separate courses should be available, as graduate courses in departments or schools of public health, with more advanced courses and research for those anticipating industrial hygiene as a specialty.

TABLE 5.—*Medical Schools Which Report That They Make Available Field Trips to Industrial Plants as a Part of Their Instruction in Industrial Hygiene*

Cincinnati	Queen's (Canada)
Creighton	Southern California
Harvard (School of Public Health)	Toronto (Canada) (School of Hygiene)
Johns Hopkins (School of Public Health)	Vanderbilt
Long Island	Washington (St. Louis)
Louisville	Wisconsin
McGill (Canada)	Woman's Medical College (Pennsylvania)
Pennsylvania	

It also would seem desirable to make courses available for at least three groups of nonmedical students:

1. Those who seek degrees or certificates in public health for full time nonmedical health work.
2. Those seeking public health nursing degrees, particularly those expecting to go into industrial work.
3. Those who, as students or as lay business executives, wish to obtain training in a school or college of business administration including courses on industrial personnel administration and health.

For the first group of such nonmedical students, separate courses in industrial hygiene should be available in schools of public health. Such courses also should be available for prospective industrial nurses either in nursing schools or as open courses offered by members of the medical or public health faculty.

For business executives and beginning students of business administration, courses in industrial hygiene, suited to their preliminary training and needs, should be included in the curriculums of university schools of business administration. In larger universities having under their jurisdiction several different schools, such as medical, public health, business administration and nursing, the professor of industrial hygiene might well serve all the schools in teaching, correlation of staff activities and direction of research investigations.

Department Organization and Administration.—One present weakness in the teaching of industrial hygiene in graduate schools of public health is that it may be masked or more or less hidden under some other group or departmental designation. The growing importance of industrial hygiene would seem to warrant, as soon as economically feasible, the placing of this branch of instruction "on its own feet" and under its own independent development—at least in schools of public health, through a separate department of industrial hygiene under a full time professor. In place of two or three administratively unrelated departments in schools of public health, it would seem to be in the interest of logical organization, coordination and administration to set up one department of industrial hygiene and to have the professor of industrial hygiene serve as a coordinator and interpreter of the different phases of the subject, including industrial medicine, which may be represented by subdivisions of the one department. Preferably such a teacher and department director should be a physician with previous experience in industrial health administration.

When feasible, such departments of industrial hygiene in schools of public health should maintain close working relations with the industries of the community to the end that some of the members of the medical and health staffs of local industrial organizations may be represented in the school teaching staff. A "practical" teacher of industrial hygiene who has industrial connections should be as valuable and necessary as a clinical teacher of medicine who has hospital connections. Medical and public health schools that give instruction on this subject also should cultivate the friendly cooperation of local industries in order to enhance their facilities for field training of students in industrial hygiene.

Proposed Museums of Hygiene.—If I were to be suddenly transformed into a professor of industrial hygiene, or a dean of a medical or public health school, one of the first things I would be tempted to do would be to suggest the possible organization of a departmental museum of industrial hygiene or a school museum of general hygiene, in which a section on industrial hygiene could have a prominent place. Much emphasis has been put in medical education on museums of the dead, associated with departments and institutes of anatomy and pathology; why not, in connection with the departments and institutes or schools of hygiene, create museums that would have to do with the living and with keeping the living safe and well? With the cooperation of ethical commercial firms, permanent museums containing exhibits having to do with the maintenance of health and safety and the prevention of sickness and accidents might be easily and inexpensively organized to the advantage of coming generations of medical and public health students. If brief and temporary health and safety exhibits are valuable and desirable in connection with medical association meetings, health association meetings and world exhibitions of progress, why may not museums on a small, carefully selected and permanent scale also be worth while as visual adjuncts to fundamental training in hygiene and preventive medicine? Moreover, if open to the public, such museums of hygiene would serve as permanent, community educational assets. If necessary, the interest and assistance of philanthropic foundations and funds might be enlisted to provide suitable space or buildings for such collegiate museums of hygiene.

Details of Instruction.—In the foregoing statements with reference to the future objectives and the further development of instruction in industrial hygiene, an attempt has been made only to set forth a few general principles and to indicate some of the important phases of organization and administration. While some reference is made to the number and extent of lectures and courses in industrial hygiene, the exact details and character of such instruction necessarily must be worked out by various schools and departments on the basis of available facilities, local conditions and needs.

SUMMARY AND CONCLUSIONS

1. Of eighty-five medical and public health schools in the United States and Canada covered in this study, information has been received from sixty-six with reference to the teaching of industrial hygiene; of the sixty-six, only thirteen schools (ten medical and three public health) give separate courses in industrial hygiene; twenty-four medical schools assign one or more separate lectures to industrial hygiene in their general public health or hygiene courses; eighteen schools give only brief attention to industrial hygiene, and another twenty-one, together with a number of schools unheard from, apparently give no instruction in this subject.

2. From this study, it is evident that a wide range of practice in the teaching of industrial hygiene exists at present among the various medical and public health schools throughout the United States and Canada. It is natural and reasonable to suppose that those schools and colleges associated with universities in the more populous urban and industrial states and provinces will have more demand on the part of students and more adequate facilities for instruction in industrial hygiene than will those located in rural and agricultural parts of the country; the further development of teaching and research on this subject in various institutions naturally must depend largely on such local conditions and requirements.

3. Field visits to industrial plants for inspections and surveys should be to the teaching of industrial hygiene what hospital ward rounds are to the teaching of clinical medicine; fifteen schools (twelve medical and three public health) report that they make such field trips available. Medical and public health schools that give instruction in this subject should cultivate the friendly cooperation of local industries in order to enhance their facilities for field training of students in industrial hygiene.

4. For those students who expect to become private practitioners of medicine and surgery but who eventually may give part time to industrial health work, it would seem desirable to furnish instruction in medical schools, preferably during the latter part of the course. This should be in the form of a separate course in industrial hygiene or a series of at least three or four lectures on industrial hygiene included in the general course on public health, preventive medicine or hygiene.

5. For those medical or nonmedical students who expect to take up general public health work on a full time basis or to specialize in industrial health service, separate courses should be available as graduate and advanced courses in departments or schools of public health.

6. For those students or lay business executives who wish to specialize or take graduate courses in business or personnel administration, courses in industrial hygiene adapted to the use of such students should be included in the curriculums of university schools of business administration.

7. Instruction in industrial hygiene, including industrial medicine, industrial sanitation, industrial toxicology and other subjects, at least in graduate schools of public health and when economically feasible, should be organized under one separate, independent department of industrial hygiene with a full time professor as coordinator and director. He should be a physician with experience in industrial health administration, and in the larger universities he might also serve as the director or teacher of courses on this subject in medical, nursing, business or other schools.

8. Much emphasis in medical education has been put on museums of the dead, associated with departments and institutes of anatomy and pathology. It is suggested that, in connection with the departments, institutes or schools of hygiene, museums or exhibits be created which would have to do with the living, and with keeping the living safe and well. In such proposed museums, exhibits pertaining to industrial hygiene and safety should be assigned prominent locations.

9. Detailed subject matter and methods of teaching industrial hygiene must be based on local conditions, facilities and needs as well as on knowledge of the elements of an adequate industrial health program, a brief outline for which, based on an appraisal form for industrial health service, as recently developed by me, has been presented.

10. Industrial hygiene may be defined as the science of health and of its preservation among workers in industry. It should involve primarily a program of health conservation and of disease and accident prevention. It is not alone a matter of combating poisons and bandaging fingers but rather of preventing the common diseases and mishaps of adult life and, through medical and nursing service, sanitation, education and other means, of building up positive health and encouraging the development of proper health habits among working people in general.

11. Industrial hygiene, including industrial medicine, will become what physicians and medical educators help the business man and industrial worker to make it. In this connection, opportunities and responsibilities are unlimited for the development of the right sort of leadership among future generations of medical students.

195 Broadway.

THE LAXATIVE EFFECT OF A REGENERATED CELLULOSE IN THE DIET

ITS INFLUENCE ON MINERAL RETENTION

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A balance experiment was conducted on eight subjects for the purpose of determining the laxative efficacy of a regenerated cellulose and its influence on mineral balance. An adequate diet was given for a nine day control period, with preliminary and collection periods. Then the same diet plus 20 Gm. a day of (nitrogen-free, phosphorus-free and calcium-free) cellulose was given for a nine day test period, with preliminary and collection periods. This paper briefly describes my experimental procedure and states my observations regarding the ingestion of a regenerated cellulose.

LAXATIVE EFFECT

Numerous writers on the subjects of constipation recognize the importance of food residues in promoting elimination. Great differences of opinion exist, however, as to the best source and physical form of the roughage material to be used. Vegetables, fruits, bran and, more recently, a purified cellulose in the form of prepared cereals have all been used to contribute an indigestible residuum to the diet. Few studies, however, can be found on the laxative effect of regenerated cellulose. Frey and his associates [1] in 1928 reported experiments with edible pure cellulose. Laxation was increased from an average of 0.88 bowel movement a day to 1.63 movements a day in orphanage children to whose diet 7 per cent of this cellulose was added. There were no harmful results. With rats, death resulted from adding to the diet 2.5 per cent of coarse rice cellulose or 25 per cent of an all bran prepared cereal. These workers did not state their method of preparing pure cellulose, and descriptions of the methods they probably used [2] are too general to give specific knowledge of preparation of the purified cellulose.

The nutrition laboratory at Cornell University obtained a cellulose, found to be calcium free, nitrogen free, and phosphorus free and containing 90 per cent crude fiber. The cellulose [3] was ground through a mesh sieve, with holes 0.073 inch in diameter, and then sifted through a 10 mesh flour sieve. The ground and sifted product resembled coarse white corn meal. This cellulose had been fed with no detrimental effects to various species of animals throughout their life spans. In order to test the laxative potency and harmlessness of the material, I daily ingested 5, 10 and 20 Gm. amounts in a series of three five-day experiments. The 5 and 10 Gm. amounts had no laxative effect. Twenty grams of the cellulose was appreciably laxative. To determine whether the cellulose could be used advantageously and safely to supplement a low roughage diet of the type that tends to induce constipation, a human experiment was planned.

The data in this paper are taken from a thesis submitted by the author to the Graduate School, Cornell University, in partial fulfilment of the requirements for the degree of Doctor of Philosophy.

Acknowledgments are made to Dr. C. M. McCay, under whose direction the work was conducted, to the students who cooperated in the experiment, and to R. LaT. Cavenaugh, Cornell University Medical College, for advice and assistance in preparing the manuscript.

1. Frey, J. W.; Harding, E. R., and Helmbold, T. R.: Dietetic Investigation of Edible Pure Cellulose, M. J. & Rec. **127**: 585 (June 6) 1928.

2. Hamor, W. A.: U. S. patent number 1,495,789.

3. This regenerated cellulose was furnished through the courtesy of the Sylvania Industrial Corporation. Before being ground it presented the appearance of the well known "cellophane."

EXPERIMENT

Seven students and one technician between the ages of 22 and 35, who were known to be reliable and honest were chosen for the experiment. Care was taken to select women subjects who would not experience menstruation during the experiment, in order to eliminate error in the balance study. None of the subjects reported a history of chronic constipation. All continued their regular work and activity during the experiment.

A low roughage type of diet which tends to produce constipation was planned. The amount of food served each subject was previously calculated according to the subject's weight, sex and activity. The subjects were, however, allowed to choose to eat as much as they desired during a preliminary period, but the amount chosen remained constant thereafter until the end of the experiment. The end of this preliminary period was marked by the ingestion of a carmine capsule, and its appearance in the stools and collections were continued for the five day test period; another carmine capsule marked the end of this period. The subjects were allowed to drink water at will but were required to measure and record the amount. Representative samples of the food items were collected, according to standard methods,[4] and stored for later analysis.

Urine and feces were collected and the number of bowel movements was recorded for two five-day periods. During the first (control) period the diet was fixed as described; during the second period 20 Gm. of the regenerated cellulose described was added daily to the basal diet. The cellulose was eaten with the breakfast cereal with sugar and milk.

RESULTS

The criteria of laxative value were (1) the dry weight of feces evacuated, (2) the water content of the stools, (3) the daily number of defecations and the subject's impression of the ease and completeness of evacuation.

1. *Dry Weight of Feces.*—During the cellulose period the increase in dry weight of feces evacuated by the eight subjects varied from 56 to 193 per cent. In no case was there a reduction. The composite average of the series of subjects show a 69 per cent increase in dry weight of total feces excreted during the nine day period.

2. *Water Content of the Stools.*—In all except one of the subjects the total water excreted in the feces during the cellulose period was markedly increased. Because of the increase also in dry weight excreted, however, the moisture percentage of the stools shows very little change between the control period and the test period. The composite average of the series shows a 1.29 per cent increase in water content. Since individuals varied between a 12 per cent reduction and a 15 per cent increase in the water content during the test period, this criterion is considered of less value than the other criteria. Incidentally, there was a considerably lessened water intake during the cellulose period, the total for eight subjects averaging 1,616 cc. for the control period and 1,121 cc. for the test period, or about 100 cc. less a day.

3. *Completeness of Evacuation.* — The number of defecations during a day is commonly accepted as indicative of the degree of laxation or constipation. In the case of human beings, however, the mere record of the number of bowel movements may prove inadequate. Because of the effect of habit or "conditioning" on the defecation reflex as the result of the highly organized social life, a wide individual variation in the number of daily movements occurs, which is yet within limits of perfect health.

Recent investigations prove that the addition of fibrous material to the diet increases the number of defecations. For example, Frey and his associates [1] report that the average daily number of evacuations for the children of the group eating cellulose once daily was increased from 0.91 before the test to 1.54 during the test. Cowgill and Anderson [5] report that the number of defecations varied from 0.7 to 2.4 a day (when the basal diet had been markedly constipating in its effect). Rose and her associates [6] report that the addition daily of 14 Gm. of prepared bran to the breakfast cereal of an adequate diet of thirty-eight girls, from 10 to 16 years of age, resulted in definitely increased laxation in 50 per cent of the cases.

In this study there were twelve no-movement days reported in the basal diet period and only four no-movement days in the cellulose period. The average number of defecations for the group for the five day basal diet period was 5.75, and for the cellulose period 8.25, an increase of 2.5 bowel movements in five days. This is a reasonable and definite increase in laxation. The evacuations were said to be complete, and no subject reported irritation of the rectum during the control or test period.

Throughout the experiment the subjects felt better than they felt normally. There was no variation in weight greater than 0.55 Kg. in any subject between the beginning and end of the experimental period. Moreover, all subjects were pleasant and in good humor, even though practically the same diet was eaten for eighteen days.

METABOLIC EQUILIBRIUM

To study the effects of cellulose ingestion on nitrogen and mineral retention, the metabolic equilibrium of nitrogen, calcium, phosphorus and the free ash in the feces were determined.

Nitrogen.[7]—All subjects were in positive nitrogen balance throughout both the control and the cellulose periods of the experiment. Significant variations in the nitrogen balances occurred however: 1. All three female subjects were in greater positive nitrogen balance during the cellulose period than without cellulose. 2. All five male subjects had a smaller positive nitrogen balance with cellulose. 3. The males showed this relative loss of nitrogen because the nitrogen excreted in the feces was increased (average increase 41 per cent) during the cellulose ingestion. (The balance remained positive because of reduced nitrogen excretion in the urine.) An average of the entire group shows that during the cellulose period the nitrogen of the feces was 4.3 per cent greater than during the control period. Although nitrogen balance remained positive, this indicates a definite trend toward increased fecal nitrogen excretion as the result of the ingestion of cellulose.

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7. Total nitrogen in all samples was determined by the Kjeldahl method.

Phosphorus.[8]— All eight subjects were in positive phosphorus balance during the control period. During the cellulose period, however, three of the subjects were in negative balance and one was in exact equilibrium. An analysis as to whether this was a disturbance of fecal or of urinary phosphorus shows that the group as a whole excreted 6.6 per cent more phosphorus in the feces during the test period than during the control period, the intake remaining the same. The urinary phosphorus increased 30.1 per cent during the cellulose ingestion. From these figures I can only say that for some cause, which I will not attempt to explain, phosphorus excretion was increased during the cellulose period; in view of only a 6.6 per cent increase in fecal phosphorus, I can make no positive additional statement as regards the effect of cellulose on fecal phosphorus alone.

Calcium.[9]—Six of the eight subjects were in positive calcium balance during the control period, and five of the eight were in negative calcium balance during the cellulose period. The composite calcium deficit of the entire group during the cellulose period was 12.9 per cent. Of this, 12.5 per cent was a fecal calcium loss and 0.4 was urinary. This definite reversal of the calcium equilibrium might be attributed to many causes, but in my experiment the only difference between the control and test periods was the daily ingestion of 20 Gm. of cellulose. I infer, therefore, with only very few reservations, that the cellulose caused an increased calcium elimination in the feces.

Ash.[10]—Fecal ash consists of measurable amounts of calcium, phosphorus, iron, sulphur, chlorine sodium, potassium and magnesium and smaller amounts of silicon. The total ash for this entire series of subjects was 215.9 Gm. during the control period and 271.8 Gm. during the cellulose period. This is an increase of 25.9 per cent as the result of cellulose. I have already considered the calcium and phosphorus components of this increase. I have shown that the amount of calcium in the feces increases during the cellulose-containing diet period by 12.9 per cent and the amount of phosphorus by 6.6 per cent. The other minerals contributing to "total ash" therefore show a composite increased excretion of 6.4 per cent during the cellulose period. Thus, in addition to definite losses of nitrogen, calcium and phosphorus, there is a sizable loss made up of iron, sulphur, chlorine sodium, potassium, magnesium and silicon, as a result of incorporating into a standard diet 20 Gm. of regenerated cellulose a day.

SUMMARY AND CONCLUSIONS

1. A balance experiment was conducted on eight subjects for the purpose of determining the laxative efficacy of regenerated cellulose and its influence on mineral balance. An adequate diet was given for a five day control period plus preliminary and collection periods to total nine days in all. The same diet plus 20 Gm. of cellulose a day was given for a five day test period, plus preliminary and collection periods.

2. Twenty grams of the regenerated cellulose a day is definitely laxative, as evidenced by (1) increased weight of fecal material evacuated, (2) increased fecal moisture, and (3) increased number of defecations, during the test period.

3. Cellulose ingestion caused a tendency toward increased excretion of nitrogen and a definite increase in the excretion of phosphorus, calcium and fecal total ash.

4. It is doubtful whether the laxative potency of the cellulose counterbalances its detrimental effect on mineral retention. The wisdom of giving a high roughage diet to children and subjects under conditions of marginal mineral intake is severely questioned.

5. These data afford but slight basis for predicting possible injurious effects of cellulose products when they are eaten over a long period of time.

848 North Dearborn Street.

8. Total phosphorus was determined by the method of Pemberton, S. F.: Volumetric Analysis, ed. 11, Philadelphia, P. Blakiston's Son & Co., 1924. Food and fecal samples were first wet ashed; urinary phosphorus was determined without first being ashed.

9. The calcium was determined according to the method described by Morris, H. P.; Nelson, J. W., and Palmer, L. S.: The Quantitative Determination of Calcium, Magnesium and Phosphorus in Foodstuffs and Cattle Excreta, J. Indust. & Engin. Chem. (analytical edition) **3**: 164 (April 15) 1931.

10. Total ash was determined according to the official method of agricultural chemists.[4]

THE FORMATION OF CALCULI IN URETHRAL DIVERTICULA OF THE FEMALE

REPORT OF A CASE

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Calculus, whether primary or secondary, in a diverticulum of the female urethra is a condition that has received very scant mention in the literature.

The rarity of calculus in this location is due to several quite obvious reasons, the chief one being that vesical calculus per se is comparatively uncommon in women and that when it does occur a stone, even of considerable size, will usually pass naturally from the bladder. This is possible because the female urethra is so short, straight and easily dilatable, as emphasized by Stevens.[1]

However, if a diverticulum is present in the urethra a migratory calculus may easily lodge within it. Much less commonly a stone forms in one of these pouches, and it is this type of case that we report.

The urethral diverticulum in the female consists of a pouch or cavity situated in the urethrovaginal septum, usually about the middle third, and communicating by a narrow, often valvelike, opening with the urethra. The contents of the diverticulum usually consist of urine and pus, the occurrence of calculus being rare.

CLASSIFICATION OF URINE POCKETS

There are various classifications of urine pockets connected with the urethra, but the most practical of these designates all such pouches as:

1. True diverticulum of the urethra: a diverticulum formed by protrusion of all the layers of the urethral wall.

2. False diverticulum of the urethra: a circumscribed dilatation in which the muscularis shows a break in continuity and in which the submucosa and mucosa protrude.

3. Incomplete urethrovaginal fistula: Here the term diverticulum cannot properly be used, as this type arises from solution of continuity of all layers of the urethral wall; it is connected with the urethra and ends blindly in the urethrovaginal septum. However, for the sake

1. Stevens, W. E.: Diseases and Abnormalities of Female Urethra, California & West. Med. **26**: 471-475 (April) 1927.

of convenience, the term urine pocket, as suggested by Jarecki,[2] can be used to designate any of these pouches connected with the urethra.

ETIOLOGY OF DIVERTICULA

In the etiology of diverticula, injury to the urethral floor during labor or by instrumentation is probably the most common factor. During labor, pressure of the child's head against the symphysis pubis is said to cause a crushing of the muscularis of the urethra, permitting a subsequent hernial protrusion of the submucosa and the mucosa.

Closure of the ducts of urethral glands, retention cysts resulting, is an occasional cause. Suppuration and ulceration into the urethra is the next step, and inflammation is maintained in the sac thus formed by urine trickling in at each micturition.

Blood cysts, vaginal cysts and suburethral abscesses (gonorrheal) pass through similar changes and communicate with the urethra.

In all these pathologic processes the final breaking through into the urethra most often occurs following the trauma of parturition.

Many authorities question the congenital theory of origin, but Hoehne,[3] a German writer, reported in 1924 a case of urethral diverticulum in the female containing a large calculus that had apparently formed in the diverticulum. This cavity was lined with smooth mucous membrane, which showed two longitudinal slits, separated by a septum 3 mm. wide, leading into the lumen of the urethra. In view of this peculiar type of confluence with the urethra, Hoehne regarded his case as one of congenital diverticulum. Hoehne thinks it possible that para-urethral ducts analogous to the prostate in man may also in some cases lead into the middle third of the female urethra.

A diverticulum with a double orifice leading into the urethra was reported once previous to Hoehne's case by Veit [4] at Leipzig in 1897, although in that case the diverticulum contained no stone. Veit believed that the origin was congenital and suggested that the diverticulum might have originated from Gärtner's duct.

Fig. 1.—Calculus, showing approximate size and its relation to surrounding structures.

Fromme [5] discovered in one of his cases a supernumerary ureter opening into a urine pocket. He looked on this finding as a corroboration of Veit's views as to the congenital origin of at least some diverticula of the female urethra.

2. Jarecki, Max: Concerning Diverticula and Other Urine Pockets of the Female Urethra, Ztschr. f. urol. Chir. **3**: 241-273, 1914-1917.
3. Hoehne: Calculus Formation in the Female Urethra, Zentralbl. f. Gynäk. **48**: 223-224, 1924.
4. Veit, cited by Jarecki.[2]
5. Fromme, F.: Diverticula of the Urethra, Ztschr. f. Geburtsh. u. Gynäk. **74**: 143-148, 1913.

REVIEW OF THE LITERATURE

In our review of the literature we have found that up until 1899 thirteen cases of calculus in a diverticulum of the female urethra had been reported. These cases were all discussed in the excellent treatise on the subject by the French writers Quénu and Pasteau.[6]

Since 1899 we have been able to find nine cases reported, making a total of twenty-two cases.

Of these twenty-two cases the stone formed around a foreign body in three instances. In the cases in

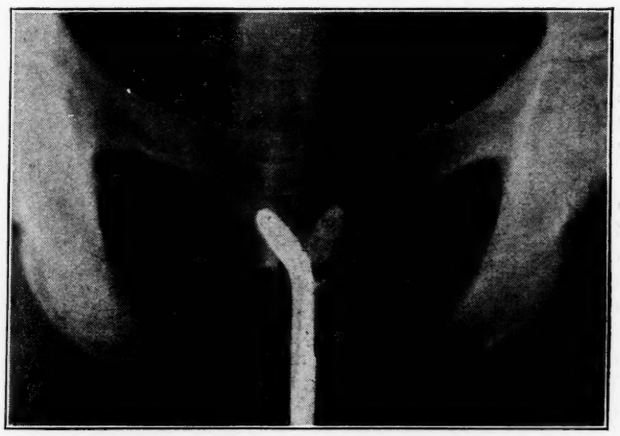

Fig. 2.—Number 6 French ureteral catheter coiled in urethral diverticulum.

which there was no foreign body as a nucleus, all but two were cases in which the stone originated above and during migration became lodged in the urethra, subsequently forming a diverticulum. Urinary symptoms were prominent, of course, in all the cases in which a migratory stone or foreign body figured.

Only two cases were found, to which our case should now be added, in which no previous urinary symptoms were present and in which the stone was formed in a preexisting pouch or diverticulum. One of the reported cases [3] was apparently a congenital diverticulum and in the other case [7] a cavity was left following rupture into the urethra of an abscess of the anterior wall of the vagina. Symptoms due to the calculus did not make their appearance until ten years later in Nicholich's case.

REPORT OF CASE

F. R., a Negress, aged 41, admitted to the gynecologic service of the Atlantic City Hospital, complained of pain in the vagina of one and one-half years' duration. The onset of this pain was rather sudden; the pain was steady and aching in character, with periods of remission and periods of aggravation. However, she was conscious of the pain at all times.

There were absolutely no urinary symptoms at any time. The patient experienced no frequency, burning or pain on urination. There was no difficulty in micturition and no nocturia. About two months after the onset of the first symptoms the patient discovered a small lump in the anterior vaginal wall. This slowly increased in size and gradually became more annoying. The discomfort was increased by defecation and by coitus and when the patient was in the sitting posture. At the time of admission to the hospital the pain on sitting was so pronounced that the patient had been forced to give up her occupation of seamstress.

The past history contained nothing of note except an operation performed in a New York hospital five weeks before the initial onset of the symptoms described. The right ovary

6. Quénu and Pasteau: Study of Urethral Calculi in Women, Ann. d. mal. d. org. génito-urin. **14**: 289-326, 1896.
7. Nicholich, G.: Calculus in a Diverticulum of the Female Urethra, Monatsb. f. Urol., Berlin **6**: 338-340, 1901.

and the tube had been removed. However, the patient stated repeatedly that she had not had any urinary symptoms at this time or subsequently.

She had been married twenty-one years and had had several miscarriages but only one full term delivery. This had been thirteen years before the onset of the present illness and was a very difficult, prolonged labor in which forceps had been used.

The day after admission to the Atlantic City Hospital the patient was transferred to the urologic service. General physical examination was essentially negative. On vaginal examination a round mass could be palpated through the anterior wall of the vagina. This mass did not protrude into the vagina but could easily be felt in the region of the urethra. The small tumor was round, firm, slightly movable and quite tender.

A soft rubber catheter was introduced into the bladder without meeting any obstruction whatever in the urethra. The catheterized specimen of urine was straw colored, turbid, and alkaline in reaction, with a specific gravity of 1.023. Neither sugar nor albumin was present, and the microscopic examination showed no pus cells, casts or red blood cells. No organisms were found in the urine.

A complete blood count on admission showed: erythrocytes, 3,460,000; leukocytes, 5,300; hemoglobin, 70 per cent; color index, 1.0. The differential count was: polymorphonuclear leukocytes, 41 per cent; small lymphocytes, 55 per cent; large lymphocytes, 2 per cent; eosinophils, 2 per cent.

The blood chemistry showed: creatinine, 1.24 mg. per hundred cubic centimeters; urea, 12 mg., and sugar, 80 mg.

The coagulation time of the blood was six minutes.

The blood Wassermann and Kahn tests were negative.

Cystoscopy revealed an absolutely normal bladder. However, when the cystoscope was withdrawn into the urethra an opening into what appeared to be a diverticulum was seen on the left posterolateral wall of the urethra in about the middle third. A calculus could be distinctly seen in the pouch. The mucosa about the margins of the opening was normal in appearance, with no evidence of any inflammatory changes.

A plain roentgenogram was taken and a ureteral catheter then inserted into the pouch, after which 15 per cent sodium iodide was injected and another roentgenogram taken. The size of the pouch, the stone and its relations to the urethra and other structures are shown in the illustrations.

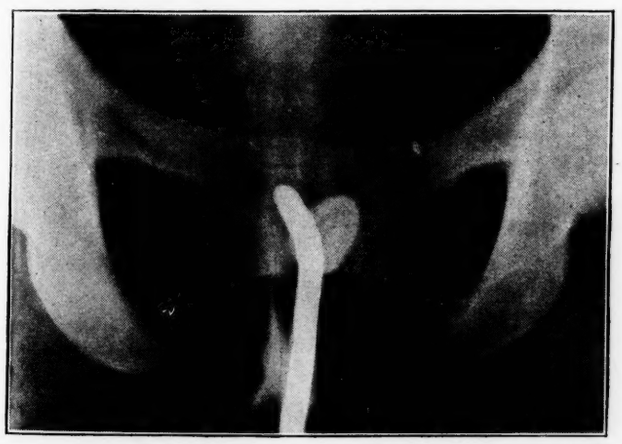

Fig. 3.—Diverticulum following the injection of a 15 per cent solution of sodium iodide through a ureteral catheter, showing approximate size of the pocket.

A diagnosis of calculus in a urethral diverticulum was made and five days later a suprapubic cystotomy was done for the purpose of diverting the urinary stream preparatory to removal of the stone and pouch.

The second operation was performed two weeks after the cystotomy. With the patient in the lithotomy position and a weighed vaginal retractor in place, a T shaped incision was made in the anterior vaginal wall, the crossed portion of the T being directly over the mass and the long portion of the T extending anteriorly. After the vaginal wall was incised the wall of the pouch was encountered and after the sac was freed by careful blunt dissection the stone was removed and the pouch excised. The opening in the urethral wall was closed in one layer of interrupted sutures, fine chromic catgut being used. The vaginal wall was closed in the same manner except that number 2 chromic catgut was used.

The stone was analyzed with the following results: It was yellow, with reddish brown pigmentation; it was smooth and roughly oval, measuring 1.5 cm. in length and 1.2 cm. in greatest width, and weighed 1.145 Gm. Chemical analysis showed: moisture, 19.5 per cent; organic débris, 2.5 per cent; tribasic calcium phosphate, 51.2 per cent; magnesium ammonium phosphate, 12.2 per cent, and trisodium phosphate, 8.8 per cent.

The stone gave no test for carbonates or urates and it will therefore be noted that it was composed entirely of the phosphates of calcium, magnesium and sodium.

We are indebted to Mr. Herman Brown, chemist to the Research Institute of Cutaneous Medicine of Philadelphia, for this analysis.

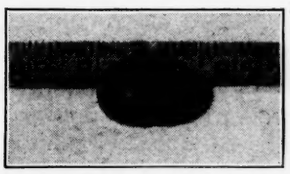

Fig. 4.—Appearance of calculus, showing its shape and actual length in centimeters.

The patient's convalescence was uneventful, the urethral and vaginal walls healing by first intention. On the sixteenth postoperative day French sounds (numbers 17, 20 and 24) were passed through the urethra with ease. There was no leakage of urine into the vagina at any time after the operation and on the eighteenth day the suprapubic tube was removed. The patient urinated with ease and without discomfort and was discharged as cured on the fiftieth day after operation.

She has been examined several times since leaving the hospital over a period of two years and the site of operation remains firm, with no tendency to fistula formation, and sounds up to and including number 28 French can be passed with ease. These examinations have included a cystoscopic and roentgenographic study of the upper urinary tract. This study proved to be negative.

SUMMARY

1. The formation of calculi in a diverticulum of the female urethra is a rare condition, only two authenticated cases, so far as we know, having been reported up to the present time.

2. We feel that the calculus in this case formed in a preexisting urine pocket. The patient's history is very definite regarding the entire absence of urinary symptoms, and a careful search of the literature failed to reveal a single instance of a migratory stone forming a diverticulum of the urethra, or lodging in a diverticulum that already existed, without causing urinary symptoms.

3. The etiology of the pouch is not certain. It may have been congenital, as its walls contained muscle tissue as well as the mucous and submucous coats. However, we are inclined to believe that the starting point in the pathogenesis was the trauma to the urethra caused by a difficult labor and instrumental delivery several years prior to the onset of the present trouble.

4. The treatment of these conditions is always surgical and is based on two principles: first, preliminary suprapubic drainage for the purpose of diverting the urinary stream, and, second, complete removal of the sac and repair of the urethral wall.

5. We feel that the excellent result obtained in this case was due to our strict application of these principles and also to the fact that the suprapubic tube was kept in place for eighteen days after the stone had been removed and the urethra repaired, thus preventing infection due to the urine and allowing firm union of the urethra to take place.

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PURPURA HAEMORRHAGICA WITH CEREBROSPINAL HEMORRHAGE

REPORT OF TWO CASES

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Although textbooks usually refer to the occurrence of cerebrospinal bleeding in purpura haemorrhagica, the association appears actually to have been recorded infrequently by clinicians and pathologists. Since Wagner's [1] comprehensive report in 1886, in which ten cases are collected, only nine additional scattered references comprising fifteen cases have been found.[2]

Case 1 in the present report would seem especially interesting in that the patient, who had purpura haemorrhagica, suffered two attacks of hemorrhage in the central nervous system and recovered from the first of these attacks under relatively simple treatment:

CASE 1.—*History.*—O. A., an Italian housewife, aged 24, admitted to the New Haven Hospital through the dental dispensary, April 27, 1932, complained of toothache and bleeding gums of two weeks' duration. For four months she had noted an unusually copious menstrual flow and a tendency to bruise readily. Two weeks before admission a persistent oozing of blood from the gums set in, and during this period the patient suffered several nosebleeds. She had vomited small clots of blood on a few occasions during the last week. There had been no other gastro-intestinal and no joint symptoms. Tarry stools were noted only since the day before admission.

The patient had gone uneventfully through childbirth eighteen months before. Her menses had frequently been irregular but always moderate in flow. In January and February, the first two months of the illness, the menstrual flow was suddenly doubled in volume and duration. In March and April there was amenorrhea.

Because of poverty the patient could seldom afford meat, and she had eaten practically no fresh fruit or vegetables for a year.

There was no history of hemorrhagic disease or of tuberculosis in the family. The mother, who was diabetic, had recently died of "blood poisoning."

Examination.—The patient was rational, alert and not acutely ill; the vital signs were normal. The skin and mucous membranes were pale. Her breath was foul, and the tongue was coated brown with old blood. The gums were blue but not spongy, and blood oozed freely from the gum margins around many of the badly carious teeth. A few petechiae were found on the soft palate and on the left palpebral conjunctiva. One small retinal hemorrhage was seen. Over the trunk and limbs were scattered numerous old and recent ecchymoses and several palpable subcutaneous hemorrhages. The spleen was uncertainly palpable. There were no neurologic nor other abnormalities. Pelvic examination confirmed the impression of a three months pregnancy.

The blood count revealed a moderate anemia with 60 per cent hemoglobin and 3,440,000 red blood cells per cubic millimeter, of which 8 per cent were reticulocytes. Platelets numbered 90,000 per cubic millimeter. The bleeding time was six and one-half minutes, the coagulation time was eight minutes by the test tube method, and the clot showed poor retractility. The guaiac test was moderately positive on the stool and negative on the urine. The Kahn test of the blood was negative.

Course in Hospital.—The patient was started on a diet high in vitamin content and given 12 cc. of a 50 per cent solution of iron and ammonium citrate daily by mouth. During a period of twelve days on this treatment there was only a slight, transient diminution of the bleeding.

On the third day the patient complained for the first time of the severe frontal headaches which were to recur with excruciating violence for almost a month. The hemorrhagic phenomena again increased, and at the end of the first week nausea and the daily vomiting of fluid and clotted blood set in. On the twelfth day the patient received the first of six transfusions, each of 250 cc. of whole blood, which were given at daily intervals. Although a moderate improvement in the degree of anemia took place, there was no apparent influence on either the bleeding or the symptoms. In fact, during the series of transfusions the patient began to complain of aching pains in the legs, which soon became agonizing. Because of the severe, persistent headaches and a slight rigidity of the neck, lumbar puncture was performed at the end of the third week. The fluid obtained was thick and dark red and contained 8,350,000 red blood cells per cubic millimeter. A repeated puncture at a higher level confirmed these observations. The withdrawal of fluid was followed within twenty-four hours by great amelioration of the headache, the vomiting and the pains in the legs, and with each of the four successive daily drainages the fluid cleared rapidly and the symptoms improved steadily. For two days following the last tap the patient felt unusually comfortable, but on the third morning her right thigh exhibited constant, involuntary twitching movements of the adductor and flexor groups of muscles; this continued for three hours. Although the right knee jerk was hyperactive, no other pyramidal signs were elicited. At lumbar puncture the next day a clear fluid was obtained.

During the next few weeks all symptoms subsided rapidly, the bleeding stopped, and the patient improved in strength and weight. Just before discharge from the hospital, seven weeks after admission, an abscessed tooth was extracted without unusual hemorrhage. At this time the bleeding time was normal, but platelets were still noted to be rare in the blood smears.

Follow Up.—During the four succeeding months the patient returned frequently to the outpatient clinic, and throughout this period she exhibited no purpuric signs. In November 1932 she was delivered easily and with a blood loss not exceeding 350 cc. On this admission the bleeding and clotting times and the clot character were normal, and platelets were abundant in the blood smears.

Two months after delivery purpuric spots reappeared in the skin, bleeding of the gums returned, and the patient suffered spells of vertigo and fainting associated with excessive menstrual bleeding. The blood smear again contained only rare platelets. Although splenectomy had been advised repeatedly and was now urged, the patient postponed decision. On the evening of March 1 she felt vaguely ill, complained of headache and vomited several times. On attempting to arise during the night she found herself paralyzed on the left side.

Readmission.—The patient was stuporous on arrival at the hospital the next morning, but she was rational when aroused and complained of headache. The left arm and leg were paralyzed and reflexes could not be obtained. The spine was not stiff. Several fresh retinal hemorrhages were seen; blood oozed from the mouth and vagina, and purpuric spots and subcutaneous hemorrhages were profusely scattered over the body.

The red blood cell count was now 4,100,000 and the hemoglobin 60 per cent. No platelets were seen in the blood smear. The bleeding time was eight and one-half minutes.

In spite of an intramuscular injection of 30 cc. and a transfusion of 450 cc. of whole blood, the patient sank steadily into coma, the respirations became Cheyne-Stokes in character, and the right arm exhibited occasional clonic convulsions. Later in the day all four limbs, especially those on the right, assumed an extensor type of rigidity, the neck grew slightly rigid, plantar stimulation evoked flexor responses, and the right pupil

From the New Haven Hospital and the Department of Internal Medicine of the Yale University School of Medicine.

1. Wagner, E.: Deutsches Arch. f. klin. Med. **39:** 431-490, 1886.
2. These include:
Osler, William: Brit. M. J. **1:** 517-525, 1914.
Longcope, W. T.: M. Clin. North America **3:** 279-300 (Sept.) 1919.
Gordon, A.: J. Nerv. & Ment. Dis. **50:** 144-148 (Aug.) 1919.
Sheldon, W. P. H.: Quart. J. Med. **20:** 353-370 (July) 1927.
Boitzeva, E. A.: Pediatriya **12:** 358-359, 1928.
Meyer, Jacob, and Parker, Morris: M. Clin. North America **13:** 1205-1210 (March) 1930.
Szajna, M.: Polska gaz. lek. **10:** 970-971 (Dec. 13) 1931.
Case 18072, Cabot Case Records: New England J. Med. **206:** 356-357 (Feb. 18) 1932.
Lizier, E.: Riforma med. **48:** 552-557 (April 9) 1932.

become dilated and fixed. With deepening coma and a temperature rising to 104 F., respirations ceased early the next morning. Shortly before death the blood pressure was recorded at 160 systolic and 75 diastolic; the pulse rate had continued all day in the vicinity of 80.

Because of the probably active cerebrospinal bleeding, and in the absence of signs of definitely increased intracranial pressure, lumbar puncture had been considered contraindicated.

Permission for necropsy was denied.

Among the thirty-six cases of purpura haemorrhagica seen at the New Haven Hospital since 1922, of which five ended fatally, in only one other were there manifestations of presumable cerebrospinal hemorrhage. It is described briefly:

CASE 2.—*History.*—E. O., a woman, aged 24, Irish, a telephone operator, walked into the hospital on the afternoon of Aug. 17, 1925. She complained of bleeding gums and of purpuric spots on the face, which had developed insidiously during the preceding month. Except that her last menstrual period had been profuse and had lasted five days instead of the usual three, she had noted no other signs of illness. Her health in the past had always been good.

The patient's father had died of Bright's disease; her mother and three siblings were well.

Examination.—The patient was fairly well nourished. Although her skin was pale, she did not look very ill. She was bleeding from the gums, and a moderate number of petechiae were scattered over the face, the thorax and the legs. The spleen was not felt. Except for a pulse rate of 100, the vital signs were normal.

The red blood cells were diminished to 3,600,000 per cubic millimeter; the hemoglobin was 58 per cent. The bleeding time was prolonged to ten minutes and the clotting time to fourteen minutes. The blood clot showed no retraction at the end of twenty hours. An impression that the platelets in the blood smear were diminished in number was confirmed by a count of 120,000 per cubic millimeter. There was gross blood in the urine. The blood Kahn test was negative.

Course.—During the night the patient became comatose. In the morning she was bleeding slowly from the mouth, the nose and the vagina. Several large subcutaneous hemorrhages had appeared along with an increased profusion of purpuric spots. A few retinal hemorrhages were seen.

At noon there occurred several generalized convulsions, during which the head was turned to the right and both arms were drawn up in flexion over the chest.

An attempt at transfusion met with difficulties and only 160 cc. of citrated blood could be given. Coma deepened rapidly, Cheyne-Stokes respiration set in, and death ensued in a few hours.

COMMENT

From a study of published reports and from his own unusual experience of five cases, Longcope [2] observed that in purpura the hemorrhages in the central nervous system are usually multiple and that they vary in size from petechiae to large extravasations of blood, which may cover an entire cerebral hemisphere or involve several lobes. Symptoms and signs of the hemorrhage will obviously vary widely, since they depend on the size and the location of the lesions, but most cases appear to fall into several easily discernible groups. One group presents chiefly the appearance of meningitis, with slight focal or generalized neurologic signs. Another group, and probably the largest, exhibits definite localizing signs, among which hemiplegia is common. A third group includes cases of coma, sometimes with convulsions. An occasional case offers no definite neurologic symptoms or signs, and the hemorrhage is discovered unexpectedly at necropsy.

In the former of the foregoing two cases it would seem probable that the bloody spinal fluid obtained by lumbar puncture during the first hospital admission arose from meningeal bleeding. The sudden development of hemiplegia associated with recurrence of active purpura some months later suggests that an extensive hemorrhage occurred within the cerebrum at this time.

In the second case the period of observation was unfortunately too brief for satisfactory neurologic study, but the coma, convulsions and rapidly fatal course in the absence of localizing signs suggests either an intracerebral or a large subdural hemorrhage.

Although cerebrospinal hemorrhage in purpura usually implies a fatal prognosis, recovery from even large hemorrhages has been reported before (Wagner,[1] Longcope,[2] Meyer and Parker [2]). Recoveries seem commonest in the "meningitic group"; none have been noted in the group with hemiplegia.

Clinical Notes, Suggestions and New Instruments

CALCIUM METABOLISM IN IDIOPATHIC HYPOPARATHYROIDISM

ALFRED GOERNER, M.D., AND GEORGE SAMUELSEN, BROOKLYN

Although Salvesen [1] concluded from his work on parathyroidectomized animals that the resulting calcium deficiency in the blood was due to an increased excretion of this element, especially in the intestine, Greenwald and Gross [2] shortly found conclusive evidence that calcium excretion was in fact decreased after parathyroidectomy. They [3] also showed that administration of the hormone increased the amount of the metal to be excreted. The latter result is directly opposed to Salvesen's idea that the internal secretion of the parathyroid aids in the absorption of calcium. Albright and Ellsworth,[4] in their study of calcium metabolism in a person having an idiopathic hypoparathyroidism, confirmed Greenwald's results. This study is interesting in that most other studies of calcium metabolism in parathyroid deficiency were made on animals with the glands removed or on human beings whose deficiency set in after a thyroidectomy. Albright, Bauer, Ropes and Aub [5] also showed that, in normal persons on an inadequate calcium intake, the administration of the specific hormone increases urinary output of this element without materially changing the fecal excretion.

Greenwald [6] observes that in parathyroid deficiency the calcium apparently leaves the blood to be deposited in the tissues, perhaps the bones. Certainly no increased density of the bones was observed by Albright and Ellsworth [4] in a boy with a long-standing idiopathic hypoparathyroidism, nor was there any found in the following instance. It is also interesting to note that they observed transient loss of consciousness in the individual under study, and this at times when he showed a low serum calcium; a similar reaction took place in the subject of our investigation at such times.

REPORT OF CASE

A girl, aged 18, entered the hospital, Jan. 9, 1933, for the relief of tetany occurring usually at the time of menstruation.

1. Salvesen, H. A.: Calcium Content of Blood, Norsk mag. f. Lægevidensk. **84:** 1047 (Dec.). 1923.
2. Greenwald, Isidor, and Gross, Joseph: The Effect of Thyroparathyroidectomy in Dogs on Excretion of Calcium, Phosphorus and Magnesium, J. Biol Chem. **66:** 185 (Nov.) 1925.
3. Greenwald, Isidor, and Gross, Joseph: The Effect of Administration of a Potent Parathyroid Extract on Excretion of Nitrogen, Phosphorus, Calcium and Magnesium, J. Biol. Chem. **66:** 217 (Nov.) 1925; The Effect of Long Administration of Parathyroid Extract on the Excretion of Phosphorus and Calcium, ibid. **68:** 326 (May) 1926.
4. Albright, Fuller, and Ellsworth, Read: Studies on the Physiology of the Parathyroid Glands, J. Clin. Investigation **7:** 183 (June) 1929.
5. Albright, Fuller; Bauer, Walter; Ropes, Marion, and Aub, J. C.: Studies of Calcium and Phosphorus Metabolism, J. Clin. Investigation **7:** 139 (April) 1929.
6. Greenwald and Gross.[2] Greenwald, Isidor: The Prevention of Tetany of Parathyroidectomized Dogs, J. Biol. Chem. **82:** 717 (June) 1929.

The family history was apparently of no significance. She stated that at the age of 4 years she had scarlet fever and, at the age of 7, otitis media and mastoiditis. A tonsillectomy was performed at 10 years because of recurring sore throats. Before the age of 10 she had had measles and chickenpox. Menstruation began at 14 with scanty flow and some dysmenorrhea. She began to have attacks of tetany at this time and described typical hand position and other signs. During 1930 she was treated at the Bellevue Hospital for fainting spells, which lasted from half a minute to five minutes, but after several weeks the attacks set in again. In April, 1932, she entered the Long Island College Hospital for relief of tetany and fainting spells. At that time she showed a positive Chvostek sign on both sides and a positive Trousseau sign. The spinal fluid showed 8 mm. of pressure and a cell count of 3. A blood study showed secondary anemia. The serum calcium was 5 mg. and the blood phosphorus 10 mg. per hundred cubic centimeters. The spinal fluid and blood Wassermann tests were negative. After the patient was placed on parathyroid extract the symptoms disappeared and the serum calcium and phosphorus returned to normal.

She was discharged and placed on a high calcium regimen plus viosterol. June 14, she returned to the medical service for treatment of fainting spells; on examination, Chvostek's and Trousseau's signs were positive, and the serum calcium was 6.6 mg. per hundred cubic centimeters. In October she entered the hospital for the same reason, the serum calcium being 6 mg. Her repeated entrance into the wards allowed the trial of such measures as large doses of various calcium salts, ammonium chloride and viosterol, but the prophylactic use of these was of little avail in influencing the abnormal calcium metabolism. It was found that prophylactic doses of parathyroid extract alone prevented the return of tetany and loss of consciousness. Roentgenograms showed no increased density of the bony structures. The basal metabolic rate was normal.

TABLE 1.—*Calcium Oxide Balance with Patient on Milk Diet and Parathyroid Extract*

Day*	Volume Urine, Cc.	Weight Feces, Gm.	Feces CaO, Gm.	Urine CaO, Gm.	Milk CaO, Gm.	Total CaO Excreted Gm.	Balance CaO, Gm.
4	1,000	265.7	2.652	0.147	4.38	2.799	+1.581
5	1,350	62.3	2.618	0.181	4.00	2.799	+1.201
6	1,605	151.7	2.601	0.170	4.08	2.771	+1.309
10	1,700	255.0	1.989	0.408	3.60	2.397	+1.203
11	1,400	959.0	3.241	0.420	4.70	3.661	+1.039
12	1,370	30.0	2.615	0.414	4.15	3.029	+1.121

* In these tables, from the first to the sixth day, inclusive, the patient was on a diet of 2 liters of milk a day; from the seventh to the twelfth day, inclusive, 20 units of parathyroid extract a day was given.

In order to work out the calcium metabolism on this patient, she was placed on a diet of 2 liters of milk a day. During a period of three days no tests were made, but on the following three days the feces, urine and milk were analyzed for calcium content. This was done by igniting a definite amount of the substance to be tested, dissolving the ash in hydrochloric acid, neutralizing it with ammonium hydroxide, slightly reacidifying it, and precipitating the calcium with ammonium oxalate solution. The precipitate of calcium oxalate was ignited and weighed as calcium oxide.

TABLE 2.—*Calcium Balance with Patient on Milk Diet and on Parathyroid Extract*

Day	Feces Ca. Gm.	Urine Ca, Gm.	Milk Ca, Gm.	Total Ca Excreted, Gm.	Balance Ca, Gm.
4	1.894	0.105	3.130	1.999	+1.131
5	1.871	0.123	2.859	1.994	+0.865
6	1.439	0.121	2.916	1.560	+1.356
10	1.421	0.292	2.572	2.713	+0.859
11	2.317	0.300	3.323	1.617	+0.706
12	1.868	0.296	3.107	2.164	+0.943
Total 4, 5 and 6	5.204	0.349	8.905	5.553	
Total 10, 11, 12	5.606	0.888	9.002	6.494	

This test was carried out when the patient was receiving no medication and repeated when she was receiving parathyroid extract.

The accompanying tables give the results of the analyses.

During the period comprising the seventh to the twelfth day, inclusive, the patient was receiving 20 units of parathyroid extract a day. In terms of the element calcium, the balance is shown in table 2.

It will be seen from the total calcium excreted in the feces for the first three days that it differs but slightly from the second three day period, whereas the calcium excreted in the urine for the second period is more than double that of the first three days.

SUMMARY

The calcium metabolism of a young woman having an idiopathic hypoparathyroidism was studied, it being found that there was a positive calcium balance that was reduced by the administration of parathyroid extract.

The increased excretion of calcium as a result of the use of parathyroid extract appeared to be chiefly by way of the urine; very slight if any change took place in the fecal calcium content after the use of the hormone.

What becomes of the calcium stored in hypoparathyroidism is still an open question, for apparently x-rays do not show increased density of the bones, although this method may not be sufficiently delicate to show the amount that may be stored there.

350 Henry Street.

EFFECT OF INTRAVENOUSLY INJECTED DEXTROSE ON THE RATE OF PROPULSION IN THE SMALL INTESTINE

J. P. QUIGLEY, PH.D., AND WILLIAM H. HIGHSTONE, B.S.
CLEVELAND

When oral alimentation is inexpedient or impossible, the intravenous administration of dextrose is often desirable to supply nutrition and to prevent or relieve acidosis and the like. This situation is especially prone to occur in patients having actual or latent gastro-intestinal disturbances. Clinicians may hesitate in the employment of intravenous dextrose if they have reason to believe that this procedure has a tendency to cause ileus. In spite of the need for information regarding the action of intravenous dextrose on intestinal motility, investigations on this subject have been rare.

In 1924, Bulatao and Carlson[1] reported that in dogs intravenous injections of 50 per cent dextrose caused an inhibition of gastric hunger contractions. This conclusion has frequently been extended by inference to other portions of the gut. The belief has thus become current that intravenous injections of dextrose inhibit the entire gastro-intestinal tract. This is in spite of the observation of Hughson and Scarff[2] that gastro-intestinal motility was augmented in the cat by the intravenous administration of 25 per cent dextrose. Quigley and Hallaran[3] investigated the subject and by means of the balloon method obtained definite evidence that the intravenous injection of doses ranging from 1 to 25 Gm. of dextrose did not inhibit the empty stomach, the ileum or the colon of the normal dog. It was established that a transient inhibition may be produced if the injection is given rapidly or the animal is otherwise disturbed by the procedure. The absence of inhibitory action on gastric hunger motility was likewise demonstrated by

The expenses of this investigation were defrayed in part by a grant from the Therapeutic Research Committee of the American Medical Association.

From the Department of Physiology, Western Reserve University School of Medicine, and the Department of Physiology and Pharmacology, Northwestern University Medical School.

1. Bulatao, E., and Carlson, A. J.: Influence of Experimental Changes in Blood Sugar Level on Gastric Hunger Contractions, Am. J. Physiol. **69:** 107-115 (June) 1924.

2. Hughson, W., and Scarff, J. E.: The Influence of Intravenous Sodium Chloride on Intestinal Absorption and Peristalsis, Bull. Johns Hopkins Hosp. **35:** 197-201 (July) 1924.

3. Quigley, J. P., and Hallaran, W. R.: The Independence of Spontaneous Gastro-Intestinal Motility and Blood Sugar Levels, Am. J. Physiol. **100:** 102-110 (March) 1932.

Mulinos.[4] Gage, Ochsner and Cutting [5] recently reported that intravenous dextrose leads to a transient inhibition of the normal or obstructed ileum. They further reported that, if administered after insulin, dextrose produced augmented motility. These statements were so contradictory to our observations that we deemed it advisable to study the problem by a different technic.

In the ileus problem the effect of dextrose injections on the propulsive efficiency of the intestine is at least as important as the effect on nonpropulsive motility. It was therefore considered desirable to investigate the question from the standpoint of propulsion activity, especially since the balloon method as usually employed does not yield such information. We have studied the intestinal propulsive rate by the bolus method; [6] i. e., by repeatedly determining the time interval required for a small pliable rubber bolus to be pushed through a loop of the

TABLE 1.—*Number of Experiments in Which Propulsive Motility Was Inhibited, Stimulated or Unchanged*

Quantity of Dextrose	Effect During First 20 Minutes			Effect During 20-50 Minute Interval		
	Inhibition	Stimulation	Unchanged	Inhibition	Stimulation	Unchanged
100 cc. 5% solution	2	3	2	3	2	2
100 cc. 10% solution	3	8	1	2	7	3
30 cc. 25% solution	0	3	3	0	4	2

intestine. Using four well trained unanesthetized dogs lying at ease on mattresses, we performed twenty-five experiments. To determine the normal propulsion rate we repeatedly introduced the bolus into the oral end of a jejunal Thiry-Vella loop and timed its reappearance at the anal end. After suitable control propulsion rates were obtained, we carefully introduced the dextrose solution into the small saphenous vein and continued the determination of the propulsion rate. Cognizance was taken of the detailed precautions necessary to prevent the reactions that sometimes result after improper intravenous dextrose administration. The results of our bolus studies support the conclusions reached in our balloon experiments.[3] Dextrose can be administered without decreasing propulsive activity; however, if the animal is disturbed by the injection or subsequently becomes restless, a lengthening (usually transient) of the propulsion time may be observed. On the other hand, our experiments show that intravenous dextrose may even shorten propulsion time. This tends to support the statement of Hughson and Scarff that hypertonic dextrose, like hypertonic sodium chloride, augments motility.[7] However, the changes in propulsion rate that did occur after dextrose were usually small in magnitude.

The results obtained in two typical experiments follow: (1) The normal rate for the passage of the bolus through a 9 inch loop of jejunum was in repeated control tests 3, 3, 3, 3, 3 minutes; after 30 cc. of 25 per cent dextrose it was 3, 3, 2, 3, 4, 4, 2, 3, 3, 4, 4, 3, 3 minutes; (2) the normal rate 5, 5, 5, 5 minutes; after 100 cc. of 10 per cent dextrose, 5, 3, 4, 3, 4, 4, 4, 4, 4, 4 minutes. The data of our entire investigation are summarized in the accompanying table.

CONCLUSIONS

Intravenous injections of dextrose usually produce no pronounced change in the rate at which a bolus traverses a loop of the dog's jejunum. With hypertonic solutions, however, augmented propulsion may follow. A delay in propulsion appears to be an atypical response. The contention that in latent or actual ileus intravenous dextrose properly prepared and administered is contraindicated because of an inhibitory action on the intestine appears to be unwarranted.

2109 Adelbert Road.

4. Mulinos, M. G.: Influence of Experimental Alterations in the Blood Sugar Concentration on the Gastric Hunger Contractions, Am. J. Physiol. **104:** 371-378 (May) 1933.

5. Gage, I. M.; Ochsner, Alton, and Cutting, R. A.: Effect of Insulin and Dextrose on the Normal and on the Obstructed Intestine, Arch. Surg. **26:** 658-683 (April) 1933.

6. Quigley, J. P.; Highstone, W. H., and Ivy, A. C.: A Study of the Propulsive Activity of a Thiry-Vella Loop of Intestine, to be published.

7. Hughson and Scarff.[2] Reid, P. E.: Effect of Hypertonic Sodium Chloride Intravenously on Intestinal Peristalsis, Proc. Soc. Exper. Biol. & Med. **29:** 220-222 (Nov.) 1931.

Council on Physical Therapy

THE COUNCIL ON PHYSICAL THERAPY OF THE AMERICAN MEDICAL ASSOCIATION HAS AUTHORIZED PUBLICATION OF THE FOLLOWING REPORT.

H. A. CARTER, Secretary.

PARASEPT NOT ACCEPTABLE

Dr. Schlosser's Heat Therapy, 302 West Eighty-Seventh Street, New York City, submitted a product called Parasept to the Council for consideration. The firm claims that this product is an antiseptic paraffin composition and is a good method of applying heat therapeutically to the body. A technic of application is proposed: First, olive oil is rubbed on the affected part. By means of a suitable brush, melted Parasept is applied quickly in layers until a thickness of approximately one-third inch has been obtained over the part. So covered with hot composition, the part is wrapped in sheets and blankets and kept in that condition for approximately thirty minutes.

The Council investigated Parasept, following the directions as prescribed by the manufacturer. On first contact of the brush, the burning hot sensation was soon replaced by a pleasant feeling of warmth. The composition was left on for the prescribed time. When the Parasept was removed the skin was warm and hyperemic, and this state persisted for about two and one-half hours after treatment.

Parasept was used in a clinic by a Council investigator on several patients, whose conditions were diagnosed as arthritis, myositis and neuritis. However, no relief of symptoms was reported that could not be explained by the physiologic action of heat. The investigator reported that he had been using paraffin applications for several years and that there was apparently no difference between the effects of Parasept and ordinary Paraffin.

Although the Council has recommended the therapeutic value of warm paraffin as a method of applying heat, it voted not to accept Parasept, because the advertising matter and descriptive literature contain misleading statements and because the Council's investigation indicated that the product did not possess any more therapeutic efficacy than that obtained from ordinary warm paraffin.

Council on Pharmacy and Chemistry

REPORTS OF THE COUNCIL

THE COUNCIL HAS AUTHORIZED PUBLICATION OF THE FOLLOWING REPORT.

PAUL NICHOLAS LEECH, Secretary.

OLEOTHESIN NOT ACCEPTABLE FOR N. N. R.

Oleothesin is manufactured by the Oleothesin Company of Buffalo, N. Y., and patented in the name of Oscar Hayen Stover of Buffalo (#1,907,392; May 2, 1933). It has been the subject of inquiry to the Council by reason of recent advertising. While the advertisements are noninformative regarding composition, they are not reticent concerning the alleged therapeutic attributes of the product. In fact, this broad, all-inclusive claim is made: "safe, certain SURFACE ANESTHETIC." Eleven specific uses for the product appear, two of which are to

Desensitize skin at site of needle puncture, particularly on children.
Control pain associated with boils and carbuncles.

Inquiry was made of the manufacturer whether or not the product was of secret composition and, if not, a quantitative statement of its formula was requested. The reply denied secrecy and set forth the following formula:

	% by wt.
Procaine base	17.2
Alcohol	6.0
Olive oil, Lanolin, Cresol, Flavors	76.7
	0.1

This is a formula the prescription for which might have been written on any suitable occasion by any practitioner from Maine to California. However, on May 2, 1933, a patent was issued

and so the mixture became an original, protected invention and any one writing such a prescription after that date, regardless of how frequently he had been using it before, would be liable to prosecution under the United States laws for patent infringement or would be obliged to contest the patent in court if the manufacturer so chose.

The increased penetrating power (through mucous membranes) and the solubility in oils and fats of procaine base, as compared with the hydrochloride, have been known since the work of O. Gros (in 1910) and verified by A. Laewen (1910; 1912) and Sollmann (1918). The base does not penetrate the intact integument and hence would be of no appreciable value in relieving the pain of boils, carbuncles or needle puncture. In a booklet entitled "Pharmacology and Technique" it is ingeniously implied that the product is the answer to a study of fifty years' duration:

"There has been a continuous search, since Koller's use of cocaine in 1884, for a drug to be used as a topical anesthetic, possessing the ability to penetrate mucous membranes, yet having low toxicity."

If Oleothesin is that long sought drug, then the search should have ended twenty-three years earlier than the granting of the patent, with the publication of the actions and properties of procaine base by the aforementioned investigators. The product clearly represents another attempt to push a mixture of a thoroughly investigated, familiar and time-honored drug as something new, original and epoch making. It has been said that if common sense dictated the granting of patents such a mixture would not be patentable.

The Council declared Oleothesin not acceptable for New and Nonofficial Remedies because it is an unoriginal mixture of well known substances marketed under a misleading, suggestive trade name with no statement of its composition, and under therapeutic claims that are too inclusive, exaggerated and unwarranted.

Committee on Foods

ACCEPTED FOODS

THE FOLLOWING PRODUCTS HAVE BEEN ACCEPTED BY THE COMMITTEE ON FOODS OF THE AMERICAN MEDICAL ASSOCIATION FOLLOWING ANY NECESSARY CORRECTIONS OF THE LABELS AND ADVERTISING TO CONFORM TO THE RULES AND REGULATIONS. THESE PRODUCTS ARE APPROVED FOR ADVERTISING IN THE PUBLICATIONS OF THE AMERICAN MEDICAL ASSOCIATION, AND FOR GENERAL PROMULGATION TO THE PUBLIC. THEY WILL BE INCLUDED IN THE BOOK OF ACCEPTED FOODS TO BE PUBLISHED BY THE AMERICAN MEDICAL ASSOCIATION.

RAYMOND HERTWIG, Secretary.

CELLU BREAKFAST CRISP

A SPECIAL PURPOSE BREAKFAST FOOD FOR DIETS LOW IN SUGAR AND STARCH
(SWEETENED WITH SACCHARIN)

Manufacturer.—Chicago Dietetic Supply House, Inc., Chicago.

Description.—A cereal substitute of little nutritive value prepared from washed bran, commercially pure powdered cellulose, mineral oil, India gum, sodium chloride, sodium bicarbonate, baking powder and saccharin (not more than 1 grain of soluble saccharin per 7½ ounce package but omitted when sold in states forbidding its use).

Manufacture.—The dough is prepared as described under Cellu Wafers (THE JOURNAL, Feb. 10, 1934, p. 457). The soft dough is machine pressed into strands, which are dried on large trays, dried in moderately hot ovens and packed in wax lined cartons.

Analysis (submitted by manufacturer).—	per cent
Moisture	2.8
Ash	4.2
Fat (essentially mineral oil) (ether extraction method)	27.7
Protein (N × 6.25)	3.9
Crude fiber	22.6
Available carbohydrates (calculated as starch—diastase method)	2.3
Nonavailable carbohydrates other than crude fiber (by difference)	36.5

Calories.—0.3 per gram; 9 per ounce.

Claims of Manufacturer.—Cereal substitute of low food value, for adding bulk to low carbohydrate diets.

GOLDEN CROWN BRAND WHITE SYRUP

Manufacturer.—Steuart, Son and Company, Baltimore.

Description.—A table syrup; corn syrup flavored with sucrose syrup.

Manufacture.—Corn syrup and sucrose in definite proportions are mixed, heated to 74 C., filtered and automatically packed in cans.

Analysis (submitted by manufacturer).—	per cent
Moisture	23.9
Ash	0.4
Fat (ether extract)	0.0
Protein (N × 6.25)	trace
Reducing sugars as dextrose before inversion	30.2
*Dextrose (by fermentation method)	10.1
Sucrose (estimated from reducing sugars before and after inversion)	5.0
*Maltose (by fermentation method)	20.1
Dextrins (by difference)	40.5
Acidity as HCl	0.0
Sulphur dioxide	0.0005

* Indust. & Engin. Chem. **25**: 98, 1933.

(No methods are available for accurately determining the composition of syrups of this nature; therefore the foregoing analysis is roughly approximate.)

Calories.—3 per gram; 85 per ounce.

Claims of Manufacturer.—Recommended for use as an easily digestible and readily assimilable carbohydrate supplement to milk in infant feeding and as a syrup for cooking, baking and the table.

ORANGE-CRUSH CARBONATED BEVERAGE

(CARBONATED WATER, SUGAR, FRESH ORANGE JUICE, FLAVOR OF PEEL, FRUIT ACID. ARTIFICIALLY COLORED. CONTAINS 1/20 OF 1% SODIUM BENZOATE)

Manufacturer.—Orange-Crush Company, Chicago.

Description.—Carbonated beverage prepared from carbonated water, sucrose, juice, pulp and oil from entire oranges, citric acid (lemon juice), sodium benzoate (0.05 per cent) and United States Department of Agriculture certified color.

Manufacture.—Oranges larger or smaller than standard for Eastern markets are mechanically washed, scrubbed, sorted, inspected, crushed by machine, and all pulp, juice and part of the oil of the peel are removed; cane sugar is added. Concentrated lemon juice and United States Department of Agriculture certified food color are added to adjust the acidity and color. The mix is kept in paraffin-lined barrels in cold storage until shipped each week to bottling plants, where it is mixed with carbonated water, sugar syrup and sodium benzoate and bottled.

Analysis (submitted by manufacturer).—	per cent
Moisture	84.4
Total solids	15.6
Ash	0.04
Fat (ether extract)	0.02
Protein (N × 6.25)	0.6
Reducing sugar as invert sugar	2.0
Sucrose (copper reduction method)	11.9
Crude fiber	0.01
Carbohydrates (by difference)	14.6
Titratable acidity as citric acid	0.27
Sodium benzoate	0.05
United States Department of Agriculture certified food colors	trace

Calories.—0.6 per gram; 17 per ounce.

Vitamins.—Biologic assay shows that the final beverage retains essentially the vitamin C content of the orange juice used: 1 cc. of orange juice to 21 cc. of beverage.

Claims of Manufacturer.—A refreshing and wholesome beverage.

HEIMAN'S BRAND SPARKLING CRYSTAL WHITE SYRUP

Distributor.—Heiman Grocery Co., Trenton, Mo.

Packer.—Bliss Syrup & Preserving Co., Kansas City, Mo.

Description.—A table syrup; corn syrup sweetened with sucrose syrup and flavored with vanilla; the same as Bliss Pancake Crystal White Brand Syrup (Blend of Corn Syrup and Cane Sugar Syrup Flavored with Vanilla) (THE JOURNAL, Nov. 18, 1933, p. 1635).

HOSPITAL SERVICE IN THE UNITED STATES

THIRTEENTH ANNUAL PRESENTATION OF HOSPITAL DATA BY THE COUNCIL ON MEDICAL EDUCATION AND HOSPITALS OF THE AMERICAN MEDICAL ASSOCIATION

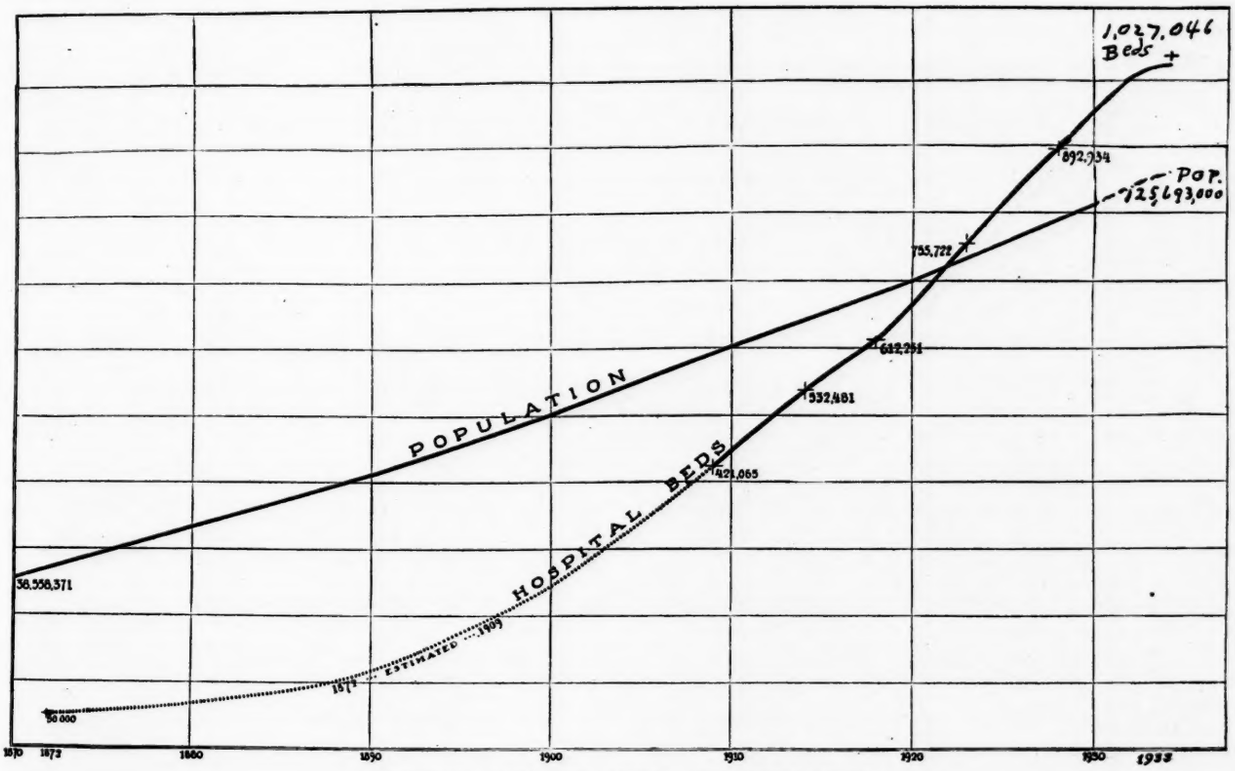
The desire to have this year's census of hospitals the most complete yet taken by the Council has been realized in a gratifying degree, thanks to the response of superintendents and others. The mass of classified information presented in these pages covers more than 97 per cent of all the recognized hospitals and sanatoriums in existence and represents more than 99 per cent of their aggregate bed capacity.

The census was begun late in 1933 and the reports were turned in near the end of 1933 and early in 1934.

There are now 6,437 hospitals having a capacity of 1,027,046 beds and 52,464 bassinets.

The increasing capacity of all hospitals, which has been mounting steadily at the rate of from 20,000 to 25,000 beds annually for the past twenty-five years, showed a slack in speed in the 1933 census for the first time, the increase in capacity for that year being only 12,692 beds over the preceding census.

Last year 7,037,982 persons, or 1 in 18, were bed patients in hospitals.



HOSPITAL CAPACITY AHEAD OF POPULATION

The above diagram reveals the rapid and striking increase in the number of hospital beds in contrast to the steady growth of population. Each of the vertical columns with dates at bottom represents a 10 year period. Each of the parallel horizontal lines represents 10,000,000 population, or 100,000 hospital beds. Since around 1890 the growth in hospital beds has been quite marked, as is shown by the abrupt upward curve. For approximately 25 years hospital beds have shown a steady, regular increase at the rate of 20,000 to 25,000 beds per year until 1932. During 1932-33 the increase was only 12,692 beds. This slight slowing down in rate of increase of hospital beds during the past year, reflected in the changed direction of the curve at the upper right hand corner of the diagram, if allowed to continue for a few years would result in a more reasonable, yet adequate, supply of hospital beds in relation to population.

The figures obtained, therefore, reflect very nearly the conditions prevailing in hospitals for the calendar year 1933. In general the reports give evidence of having been prepared with greater accuracy than heretofore.

The list of hospitals on pages that follow gives the name, classification, approval and other data regarding all registered hospitals and related institutions rendering certain types of true hospital service.

The purpose of this article is, through the listing of hospitals and the compiled statistics, to furnish a source of information, statistical and otherwise. The following paragraphs are designed to present some of the most obvious facts.

There was an average of 216,775 idle beds, of which 155,021 were in general hospitals.

The total patient days in all hospitals numbered 295,748,915. The rate of occupancy in general hospitals was 59.9 per cent.

The average length of stay in general hospitals was fourteen days. It was thirteen days in church, individually owned, and nonprofit corporation hospitals.

The annual census finds that 709,276 babies were born in hospitals, as compared with 710,884 for the preceding year. One third of all births were in hospitals.

(Continued on page 1010)

Table 1.—Number and Capacity of Hospitals According to Agencies Owning or in Control

Marginal No.	State	Federal					State					County					City					City and County					Total Government Owned*					Marginal No.
		Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census*	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	
1	Alabama	5	1,266	5	5,338	1,030	8	5,219	..	5,302	5,056	6	679	44	9,261	465	4	330	36	5,908	168	..	...	..	.....	...	23	7,494	85	25,899	6,719	1
2	Arizona	19	1,735	48	10,724	1,346	2	965	..	250	878	10	440	29	3,257	307	..	...	..	.....	...	..	...	..	.....	...	31	3,140	77	14,231	2,531	2
3	Arkansas	2	1,232	..	984	851	6	4,189	..	2,863	4,067	3	281	11	1,183	266	3	193	20	2,806	81	..	...	..	.....	...	14	5,895	31	7,836	5,265	3
4	California	18	6,659	23	33,044	4,779	16	22,155	32	18,246	21,039	61	12,573	425	127,506	11,288	2	130	..	10,271	1	5	2,174	56	76,006	1,794	102	43,691	536	265,073	38,901	4
5	Colorado	4	2,404	10	5,441	1,388	8	3,900	20	5,887	3,539	4	210	17	2,323	142	1	13	..	46	...	2	587	30	15,262	439	19	7,114	77	28,959	5,508	5
6	Connecticut	1	266	..	1,758	181	15	9,467	12	5,486	8,719	..	...	..	.....	...	6	755	30	6,253	509	..	...	..	.....	...	22	10,488	42	13,497	9,409	6
7	Delaware	1	28	..	232	4	4	1,417	..	507	1,196	..	...	..	.....	...	..	...	..	.....	...	..	...	..	.....	...	5	1,445	..	739	1,200	7
8	Dist. of Columbia	9	8,137	62	20,504	7,640	2	302	..	381	284	..	...	..	.....	...	1	650	54	15,620	583	..	...	..	.....	...	12	9,089	116	36,505	8,507	8
9	Florida	4	592	..	4,453	505	4	4,578	2	3,408	4,370	6	467	38	6,151	361	7	734	94	14,913	434	2	150	22	848	41	23	6,521	156	29,773	5,711	9
10	Georgia	8	1,879	12	11,191	1,515	6	6,435	..	3,364	6,300	3	150	16	1,995	77	6	904	122	23,258	736	6	670	45	9,142	449	29	10,038	195	48,950	9,077	10
11	Idaho	4	462	..	1,399	288	5	1,417	..	829	1,290	3	92	17	1,776	56	2	30	2	73	1	2	65	18	1,391	35	16	2,066	37	5,468	1,670	11
12	Illinois	8	3,811	9	12,310	3,159	23	33,554	25	27,235	31,880	26	6,411	157	77,218	5,205	23	2,580	165	20,170	1,914	1	122	..	165	113	81	46,478	356	137,098	42,271	12
13	Indiana	4	1,703	4	2,764	1,581	22	11,854	35	13,988	11,314	34	2,413	174	15,525	1,727	4	588	57	9,970	440	1	10	..	24	2	65	16,568	270	42,271	15,064	13
14	Iowa	3	999	..	1,222	955	17	11,151	73	22,593	10,201	15	926	57	6,879	684	8	171	37	2,711	66	2	32	3	188	...	45	13,279	170	33,593	11,906	14
15	Kansas	5	1,704	13	8,005	680	16	7,065	24	8,713	6,587	6	268	45	3,077	152	7	177	40	2,520	74	1	60	..	164	45	35	9,274	122	22,479	7,538	15
16	Kentucky	6	871	..	4,452	632	9	7,005	..	4,459	6,674	4	219	17	2,385	158	6	726	81	14,079	511	4	593	14	2,182	523	29	9,414	112	27,557	8,498	16
17	Louisiana	3	1,364	..	5,471	1,193	7	7,977	93	60,947	8,122	..	...	..	.....	...	1	100	..	623	67	1	65	..	383	45	12	9,506	93	67,424	9,397	17
18	Maine	3	446	..	2,089	270	6	3,460	..	931	3,436	..	...	..	.....	...	3	154	18	1,831	96	..	...	..	.....	...	12	4,060	18	4,851	3,802	18
19	Maryland	8	1,662	4	5,249	1,340	18	8,040	44	11,883	7,402	4	272	29	2,858	194	6	1,429	20	8,741	1,150	1	128	20	2,352	72	37	11,531	117	31,083	10,158	19
20	Massachusetts	8	2,834	6	7,020	1,959	30	31,010	24	15,949	29,693	8	1,232	..	987	1,022	33	5,736	465	77,231	4,558	2	44	5	970	29	81	40,856	500	102,157	37,261	20
21	Michigan	5	988	..	2,195	940	21	17,916	46	36,367	16,707	28	6,467	67	14,631	5,808	36	4,655	385	60,364	3,613	3	69	11	1,133	33	93	30,095	509	114,690	27,101	21
22	Minnesota	8	1,707	28	5,724	1,268	17	13,425	30	14,063	12,414	17	1,685	13	3,524	1,577	10	1,009	93	14,873	766	3	1,080	60	11,396	747	55	18,906	224	49,580	16,772	22
23	Mississippi	2	629	6	759	615	12	5,124	39	16,036	4,351	2	49	6	603	10	..	.....	..	.....	...	1	35	6	590	9	17	5,837	57	17,988	4,985	23
24	Missouri	6	1,583	3	5,099	738	11	8,762	8	5,711	8,351	4	419	53	6,025	262	15	5,937	195	45,775	6,560	..	...	..	.....	...	36	16,701	259	62,610	15,911	24
25	Montana	7	652	33	4,206	333	5	2,355	..	1,098	2,266	5	230	13	771	192	..	.....	..	.....	.....	1	35	..	62	6	18	3,272	46	6,137	2,797	25
26	Nebraska	5	315	2	5,116	202	12	5,720	31	6,189	5,360	1	410	8	2,425	266	3	66	7	265	16	..	...	..	.....	...	21	6,511	48	13,995	5,844	26
27	Nevada	3	95	3	974	53	1	325	..	88	318	9	288	50	2,459	212	..	...	..	...	...	..	...	..	.....	...	13	708	53	3,521	583	27
28	New Hampshire	1	150	..	1,245	137	4	2,538	..	601	2,488	3	191	25	1,575	191	4	181	20	1,813	77	..	...	..	.....	...	12	3,060	45	5,234	2,893	28
29	New Jersey	3	1,005	..	1,835	914	15	13,842	3	7,585	12,962	23	8,968	325	16,671	7,499	11	2,505	124	38,711	1,999	..	...	..	.....	...	52	26,320	425	64,802	23,374	29
30	New Mexico	12	1,459	30	6,948	988	4	836	5	814	727	..	...	..	.....	...	..	...	..	.....	...	..	...	..	.....	...	16	2,295	35	7,762	1,715	30
31	New York	22	6,978	22	27,951	4,837	42	74,650	34	31,645	71,838	50	5,736	98	18,227	4,562	50	19,060	822	246,622	18,295	4	165	3	454	160	168	106,589	979	324,899	99,692	31
32	North Carolina	3	955	8	3,779	727	7	7,521	..	2,329	6,970	11	703	21	2,194	589	3	296	31	3,787	103	4	224	30	3,947	121	28	9,699	90	16,036	8,510	32
33	North Dakota	5	243	12	3,162	132	4	2,981	..	1,034	2,568	2	80	3	133	55	2	63	..	46	2	..	...	..	.....	...	13	3,367	15	4,375	2,757	33
34	Ohio	6	2,395	4	7,710	1,526	23	24,817	30	13,967	24,157	24	3,104	65	10,005	2,695	26	4,319	283	40,340	2,968	..	...	..	.....	...	79	34,635	382	72,022	31,346	34
35	Oklahoma	12	1,151	57	12,442	837	12	8,337	22	11,523	7,095	1	50	10	824	19	8	310	38	3,788	90	..	...	..	.....	...	33	9,848	127	28,577	8,041	35
36	Oregan	3	452	2	3,573	314	9	5,145	..	4,248	4,672	3	369	31	4,952	322	2	87	3	891	20	..	...	..	.....	...	17	6,053	36	13,664	5,328	36
37	Pennsylvania	6	2,536	1	7,150	1,601	32	23,887	151	46,857	22,535	23	8,019	8	5,238	7,457	11	11,521	60	35,628	9,673	1	57	..	92	53	73	46,020	220	94,965	41,319	37
38	Rhode Island	2	257	..	2,200	230	7	4,309	49	2,595	4,235	..	...	..	.....	...	1	265	..	2,549	202	..	...	..	.....	...	10	4,831	49	7,344	4,667	38
39	South Carolina	3	500	..	11,198	307	6	4,328	..	3,349	4,174	7	605	45	8,429	503	2	138	11	3,156	84	1	26	..	64	20	19	5,597	56	26,196	5,088	39
40	South Dakota	10	1,038	22	5,252	827	4	2,650	..	619	2,270	1	17	6	508	7	1	15	5	148	3	..	...	..	.....	...	16	3,720	33	6,527	3,107	40
41	Tennessee	3	1,191	..	4,253	865	9	5,753	..	5,955	5,052	5	1,720	..	1,461	1,522	3	1,003	107	20,969	659	5	608	39	7,556	509	25	10,275	146	40,194	8,607	41
42	Texas	12	2,236	29	16,055	1,705	15	13,236	6	11,493	13,230	14	555	78	5,558	325	9	732	74	10,905	375	14	1,710	120	34,520	1,320	64	18,469	307	78,531	16,955	42
43	Utah	3	151	2	1,608	111	3	1,255	..	387	1,183	3	229	36	3,367	191	1	25	..	436	21	..	...	..	.....	...	10	1,660	38	5,798	1,506	43
44	Vermont	1	62	..	914	...	5	1,415	..	469	1,313	1	47	..	60	41	..	...	..	.....	...	..	...	..	.....	...	7	1,524	..	1,443	1,354	44
45	Virginia	8	2,244	7	21,439	1,738	14	9,019	25	14,250	9,052	2	125	5	808	114	4	876	28	2,927	379	..	...	..	.....	...	28	12,264	65	39,424	11,283	45
46	Washington	13	2,360	11	10,754	1,846	9	6,591	..	4,220	6,425	10	1,197	35	5,669	1,105	5	420	6	3,331	259	1	394	51	9,136	356	38	10,962	103	33,110	9,991	46
47	West Virginia	1	210	..	271	25	12	4,869	21	9,014	4,468	6	224	18	4,759	139	3	130	20	1,498	65	..	...	..	.....	...	22	5,433	59	15,542	4,697	47
48	Wisconsin	4	1,457	14	6,020	1,104	14	5,969	34	15,626	5,526	59	12,027	90	19,567	11,162	11	626	74	6,707	247	1	40	8	669	18	89	20,119	220	48,589	18,057	48
49	Wyoming	3	582	10	678	510	4	911	7	1,765	773	4	263	35	4,097	118	..	...	..	.....	...	..	...	..	.....	...	11	1,756	52	6,540	1,401	49
50	Totals.....(1933)	295	75,635	502	324,160	56,726	557	459,646	925	483,118	435,527	511	80,410	2,220	406,921	69,047	344	69,639	3,627	762,643	57,865	69	9,143	541	178,696	6,909	1,776	694,473	7,815	2,155,538	626,074	50
51	(1932)	301	74,151	461	326,628	57,984	568	442,601	1,014	464,752	417,232	514	84,534	2,116	384,265	71,089	358	69,551	3,529	767,096	57,582	63	8,530	540	106,812	6,281	1,804	679,367	7,660	2,049,533	610,168	51
52	(1931)	291	69,170	391	301,149	52,881	576	419,282	846	388,984	394,938	508	77,373	1,932	345,236	62,862	364	61,351	3,478	680,529	46,854	77	14,348	615	108,450	11,766	1,816	641,524	7,262	1,833,078	569,301	52
53	(1930)	288	63,581	274	.....	50,499	581	405,309	788	.....	380,279	505	73,615	1,498	.....	60,529	364	63,064	3,246	.....	47,880	74	14,157	497	.....	11,550	1,812	619,726	6,303	.....	550,737	53
54	(1929)	292	59,901	229	.....	46,033	578	385,706	785	.....	364,042	487	65,619	1,385	.....	52,994	357	57,128	3,093	.....	42,440	81	14,183	570	.....	11,376	1,795	582,537	6,062	.....	516,885	54
55	(1928)	294	67,165	117	.....	.....	595	369,759	813	.....	.....	489	63,231	1,297	.....	.....	372	65,126	3,161	.....	.....	63	7,553	284	.....	.....	1,813	567,434	5,672	.....	.....	55
56	(1927)	301	60,444	...	.....	42,137	592	354,786	...	.....	328,737	480	58,907	.....	.....	47,704	366	63,327	.....	.....	46,389	70	7,705	...	.....	5,190	1,809	545,169	.....	.....	470,157	56
57	(1923)	220	53,869	...	.....	34,937	601	302,208	...	.....	261,840	465	46,571	.....	.....	32,785	415	64,599	.....	.....	42,140	35	4,701	...	.....	3,052	1,736	471,948	.....	.....	374,754	57

* Totals for all hospitals are given at end of table 2.

Table 1.—Number and Capacity of Hospitals According to Agencies Owning or in Control—Continued

Marginal No.	State	Church					Fraternal					Industrial					Individual or Partnership					Independent Association					Total Non-Government Owned*					Marginal No.
		Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	
1	Alabama	9	708	91	17,411	286	1	29	..	225	15	3	352	31	5,425	164	26	976	128	12,649	383	24	1,233	106	16,460	500	63	3,298	356	52,170	1,348	1
2	Arizona	10	811	85	9,494	429	1	40	..	22	12	9	301	36	2,060	109	12	270	19	982	104	3	135	1	689	65	35	1,557	141	13,247	719	2
3	Arkansas	9	1,023	83	15,215	398	3	132	6	680	63	4	331	6	2,989	83	26	544	59	7,331	189	14	555	59	5,027	150	56	2,585	213	31,242	883	3
4	California	41	4,984	814	76,981	2,437	6	711	30	7,596	496	9	731	19	7,337	463	130	2,996	402	35,315	1,341	111	7,940	1,163	128,689	4,379	297	17,362	2,428	255,918	9,116	4
5	Colorado	27	2,438	274	32,387	1,280	1	250	..	225	65	3	336	20	2,927	136	28	623	86	6,982	282	22	1,791	76	7,865	1,248	81	5,438	456	50,386	3,011	5
6	Connecticut	5	1,128	194	26,201	791	..	...	..	...	..	..	...	..	.....	...	11	294	6	1,282	181	47	5,572	740	77,656	3,622	63	6,994	940	105,139	4,594	6
7	Delaware	1	70	12	1,711	56	..	...	..	...	..	..	...	..	.....	...	1	30	..	252	7	7	587	94	11,946	376	9	687	106	13,909	439	7
8	District of Columbia	5	754	117	17,486	507	..	...	..	...	..	..	...	..	.....	...	5	83	4	857	47	11	1,515	246	55,533	996	21	2,352	367	73,876	1,550	8
9	Florida	6	662	94	7,547	233	2	100	4	1,085	68	1	65	5	937	38	26	532	96	6,061	175	33	1,302	175	19,791	516	68	2,661	374	35,421	1,030	9
10	Georgia	5	409	59	9,686	206	1	32	..	253	37	2	137	..	2,529	82	42	1,068	120	10,042	409	32	1,599	193	28,355	748	82	3,245	372	50,865	1,482	10
11	Idaho	11	592	107	10,966	290	..	...	..	...	..	..	...	..	.....	...	20	378	61	3,140	93	6	136	26	2,707	54	37	1,106	194	16,813	437	11
12	Illinois	90	11,868	1,883	176,348	5,911	5	429	25	5,701	265	4	385	23	4,636	176	43	955	141	8,418	397	104	10,647	1,680	148,148	5,163	246	24,284	3,752	343,251	11,912	12
13	Indiana	29	4,008	617	58,235	1,674	2	165	..	598	70	2	150	..	544	40	21	425	56	5,437	165	22	1,293	210	18,355	577	76	6,041	883	83,169	2,526	13
14	Iowa	45	4,273	607	58,195	2,129	2	66	..	100	52	1	60	..	351	18	49	742	152	8,814	271	25	1,142	177	15,316	490	122	6,283	936	82,776	2,960	14
15	Kansas	37	2,988	421	41,782	1,570	1	250	..	1,430	60	3	240	..	3,026	143	28	453	81	4,380	188	23	684	119	9,722	260	92	4,615	621	60,340	2,221	15
16	Kentucky	17	1,921	211	25,921	1,050	2	40	..	113	28	6	225	19	2,102	66	22	613	69	6,985	223	28	1,038	109	15,780	467	75	3,837	408	50,901	1,834	16
17	Louisiana	10	1,307	144	26,885	771	2	122	13	1,147	85	3	164	13	3,675	110	13	404	46	6,718	134	22	1,448	115	23,971	653	50	3,445	331	62,396	1,753	17
18	Maine	5	353	41	5,383	181	..	...	..	...	..	..	...	..	.....	...	23	505	116	8,458	270	30	1,709	255	25,354	1,003	58	2,567	412	39,195	1,454	18
19	Maryland	9	1,856	151	25,118	1,558	..	...	..	...	..	..	...	..	.....	...	11	378	...	589	265	28	3,691	320	43,912	2,571	48	5,925	471	69,619	4,394	19
20	Massachusetts	18	2,422	388	40,598	1,602	1	60	..	370	62	2	29	14	648	14	37	765	174	8,370	348	141	12,058	2,016	196,819	7,820	199	15,334	2,592	246,805	9,846	20
21	Michigan	33	3,826	649	54,223	1,916	1	50	..	118	24	12	226	33	3,102	109	46	926	128	10,863	426	55	6,358	805	83,182	3,492	147	11,386	1,615	151,488	5,967	21
22	Minnesota	38	3,798	581	62,459	1,981	1	60	..	241	60	1	15	4	126	10	71	1,094	264	17,097	426	49	3,257	426	51,478	1,586	160	8,224	1,275	131,401	4,063	22
23	Mississippi	4	264	31	7,313	97	1	15	..	...	3	1	50	6	326	8	29	990	129	13,746	298	23	963	92	10,870	246	58	2,282	258	32,255	652	23
24	Missouri	37	5,543	652	78,072	3,029	4	358	..	2,284	303	3	450	..	4,516	149	40	862	221	8,723	357	28	2,104	330	30,268	1,052	112	9,317	1,203	123,863	4,890	24
25	Montana	22	1,707	263	22,236	754	..	...	..	...	..	2	135	8	2,537	72	14	241	44	2,793	87	6	223	45	2,581	79	44	2,306	360	30,147	992	25
26	Nebraska	22	2,346	274	33,630	1,219	1	45	..	...	45	..	...	..	.....	...	50	843	182	10,197	279	10	470	70	6,331	258	83	3,704	526	50,158	1,801	26
27	Nevada	1	52	12	1,273	30	..	...	..	...	..	3	120	9	1,489	67	1	8	...	.....	...	1	40	6	702	20	6	220	27	3,464	117	27
28	New Hampshire	5	330	64	5,524	202	..	...	..	...	..	1	8	..	30	1	..	...	...	.....	...	27	1,337	216	20,809	724	33	1,675	280	26,363	927	28
29	New Jersey	20	3,528	503	57,900	2,296	2	160	..	417	56	1	30	7	432	12	25	615	68	5,074	323	74	8,577	1,273	137,455	5,598	122	12,910	1,851	201,278	8,285	29
30	New Mexico	13	963	66	9,568	459	..	...	..	...	..	5	207	10	1,042	56	4	116	6	324	70	8	250	29	1,626	103	30	1,536	111	12,560	088	30
31	New York	81	11,936	1,522	170,680	8,626	6	604	4	4,431	493	2	27	..	185	13	80	2,701	557	26,199	1,329	265	32,708	4,377	540,145	21,520	434	47,976	6,460	741,640	31,981	31
32	North Carolina	17	1,016	149	16,385	558	2	97	..	272	26	3	109	9	1,552	44	36	1,269	75	14,411	578	69	3,737	444	56,174	1,782	127	6,228	677	88,794	2,988	32
33	North Dakota	19	1,430	217	22,737	722	..	...	..	...	..	..	...	..	.....	...	9	107	32	1,821	39	12	357	97	6,208	131	40	1,894	346	30,766	892	33
34	Ohio	48	7,037	1,043	109,986	4,018	3	366	..	1,488	302	2	31	1	163	7	35	719	97	7,691	268	101	7,927	1,023	117,424	4,245	189	16,080	2,164	236,752	8,840	34
35	Oklahoma	8	777	139	13,427	401	2	105	12	1,243	23	1	10	..	12	1	60	1,763	219	24,637	643	17	746	94	14,598	360	88	3,401	464	53,917	1,428	35
36	Oregon	13	1,534	215	27,269	819	2	64	2	223	54	1	30	..	300	5	16	399	56	4,340	155	27	1,424	165	14,920	780	59	3,451	438	47,052	1,813	36
37	Pennsylvania	44	6,657	816	88,066	4,197	5	395	..	1,322	328	1	18	4	198	4	49	1,237	193	9,106	576	200	24,560	3,058	375,873	16,188	299	32,867	4,071	474,565	21,293	37
38	Rhode Island	3	392	43	3,816	246	..	...	..	...	..	..	...	..	.....	...	4	73	9	921	44	15	1,934	305	28,854	1,292	22	2,399	357	33,591	1,582	38
39	South Carolina	5	278	29	3,940	118	3	152	7	1,237	98	..	...	..	.....	...	12	281	35	4,248	114	24	1,329	124	19,181	652	44	2,040	195	28,606	982	39
40	South Dakota	14	957	154	16,138	434	..	...	..	...	..	1	25	5	443	13	21	308	72	4,191	120	13	501	101	6,726	197	49	1,791	332	27,498	764	40
41	Tennessee	6	1,088	133	26,465	568	..	...	..	...	..	1	16	..	44	4	34	667	51	9,787	240	37	2,154	197	31,953	1,148	78	3,925	381	68,249	1,960	41
42	Texas	37	3,789	446	64,461	1,724	5	317	19	2,271	208	7	455	15	6,475	199	111	2,610	317	32,788	884	72	3,026	322	46,786	1,163	232	10,197	1,119	152,781	4,178	42
43	Utah	6	984	162	14,326	522	..	...	..	...	..	2	59	11	259	18	13	151	23	1,492	36	4	154	29	3,012	68	25	1,348	225	19,089	644	43
44	Vermont	3	227	28	3,790	145	..	...	..	...	..	1	33	7	349	10	3	32	7	318	16	18	1,520	142	16,227	1,158	25	1,812	184	20,084	1,329	44
45	Virginia	4	577	71	9,233	279	2	147	10	1,598	58	5	160	11	2,820	84	16	627	60	6,072	309	56	3,434	384	60,243	1,774	83	4,945	536	79,966	2,504	45
46	Washington	23	2,889	476	40,165	1,260	1	20	..	106	20	1	20	1	366	10	31	557	114	4,716	202	29	1,775	342	27,570	952	85	5,261	933	72,923	2,444	46
47	West Virginia	9	911	103	12,432	354	..	...	..	...	..	1	110	20	1,956	73	13	532	54	10,336	221	33	2,321	210	40,201	1,146	56	3,874	387	64,925	1,794	47
48	Wisconsin	58	6,384	946	94,004	3,277	1	18	..	21	8	3	43	8	460	15	30	532	106	5,844	207	44	2,636	397	35,826	1,282	136	9,613	1,457	136,155	4,789	48
49	Wyoming	2	45	10	497	11	..	...	..	...	..	2	45	6	243	11	8	91	27	1,064	27	5	114	21	2,272	52	17	295	64	4,076	101	49
50	Totals (1933)	984	115,840	16,190	1,753,565	63,621	72	5,399	132	36,817	3,487	115	5,938	361	68,611	2,637	1,435	33,385	4,962	381,861	13,746	2,055	172,011	23,004	2,641,590	100,706	4,661	332,573	44,649	4,882,444	184,197	50
51	(1932)	1,001	117,555	16,125	1,918,214	79,119	74	5,550	152	41,390	3,706	118	6,066	373	78,076	2,895	1,522	35,759	5,094	428,256	16,309	2,043	170,057	22,828	2,712,662	105,248	4,758	334,987	44,572	5,178,598	198,277	51
52	(1931)	1,011	116,935	15,861	2,013,352	73,911	76	5,528	161	44,790	3,820	135	6,437	421	91,166	3,102	1,560	36,764	5,352	459,184	17,912	2,015	166,927	22,437	2,714,406	107,350	4,797	332,591	44,232	5,322,898	206,095	52
53	(1930)	1,017	116,846	15,615	.....	75,162	77	5,606	149	.....	3,779	146	6,703	461	.....	3,558	1,620	38,557	5,233	.....	19,948	2,047	168,431	21,823	.....	110,198	4,907	336,143	43,281	.....	212,645	53
54	(1929)	1,024	113,555	15,037	.....	75,770	70	5,283	158	.....	3,627	145	6,810	467	.....	3,703	1,611	37,977	5,212	.....	20,604	2,011	160,971	21,003	.....	106,177	4,870	324,596	41,877	.....	209,881	54
55	(1928)	1,056	114,613	13,190	.....	.....	87	5,298	196	.....	.....	157	7,047	437	.....	.....	1,699	39,710	4,843	.....	.....	2,040	158,832	18,975	.....	.....	5,039	325,500	37,641	.....	.....	55
56	(1927)	1,060	108,582	.....	.....	72,813	85	4,935	...	.....	3,193	161	7,032	...	.....	3,694	1,682	39,118	.....	.....	21,779	2,010	148,482	.....	.....	100,196	4,998	308,149	.....	.....	201,675	56
57	(1923)	893	77,941	.....	.....	49,046	97	5,043	...	.....	3,187	146	5,730	...	.....	3,079	1,762	45,719	.....	.....	27,393	2,196	149,341	.....	.....	95,674	5,074	283,774	.....	.....	178,379	57

* Totals for all hospitals are given at end of table 2.

Table 2.—Number and Capacity of Hospitals According to Type of Service, Together with Number of Patients Admitted

Marginal No.	STATE	General					Nervous and Mental				Tuberculosis					Maternity					Industrial					Convalescent and Rest					Marginal No.
		Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	
1	Alabama	62	3,843	376	62,646	1,837	5	5,937	3,025	5,703	4	244	..	251	157	1	50	30	100	16	2	337	31	5,425	159	1	10	..	350	10	1
2	Arizona	34	1,739	182	22,311	1,021	1	935	250	866	19	1,731	..	2,870	1,259	..	.	..	....		8	217	36	1,993	64	1	7	..	....	5	2
3	Arkansas	54	2,924	230	32,163	1,111	2	4,331	1,750	4,191	2	560	..	593	555	1	42	6	35	18	4	331	6	2,989	83	..	..	..	....	..	3
4	California	253	28,586	2,723	390,439	18,780	44	24,172	14,531	22,879	41	4,521	..	4,714	3,877	10	381	219	1,652	234	9	731	19	7,337	463	15	523	..	2,191	356	4
5	Colorado	67	6,121	477	67,135	3,437	8	4,007	1,965	3,573	13	1,686	..	1,076	1,141	1	27	15	502	14	3	336	20	2,927	136	1	23	3	300	14	5
6	Connecticut	38	5,914	952	107,134	3,799	14	8,699	3,337	7,907	8	1,694	..	2,272	1,482	2	18	18	231	7	..	....	..	.....	....	7	91	..	116	48	6
7	Delaware	9	693	106	14,077	421	2	1,273	412	1,084	2	144	..	95	112	..	..	..	....	..	..	....	..	.....	....	1	22	..	64	22	7
8	District of Columbia	16	4,745	394	92,342	3,565	3	5,172	1,018	5,438	2	270	..	254	252	2	130	89	2,870	84	..	....	..	.....	....	2	32	..	153	17	8
9	Florida	73	4,146	523	59,520	2,106	5	4,545	1,532	4,320	3	109	..	173	86	..	..	..	....	..	1	65	5	937	38	2	68	..	194	40	9
10	Georgia	84	4,649	531	87,460	2,508	7	7,156	1,934	6,914	6	661	..	1,322	573	2	41	33	51	22	2	137	..	2,529	82	..	..	..	....	....	10
11	Idaho	44	1,595	216	21,211	695	3	1,367	263	1,273	1	132	..	122	118	1	8	15	101	2	..	....	..	.....	....	..	..	..	....	....	11
12	Illinois	224	28,529	3,558	420,474	15,893	30	34,693	15,607	32,839	27	3,819	..	4,183	3,226	8	565	503	7,559	236	4	385	23	4,636	176	4	221	..	1,673	156	12
13	Indiana	95	7,435	1,100	109,355	3,449	15	12,585	2,077	12,153	8	1,311	..	1,521	1,206	2	90	53	1,896	77	2	150	..	544	40	3	53	..	101	25	13
14	Iowa	127	6,794	1,029	104,642	3,201	16	11,132	3,675	10,638	6	751	..	810	702	3	100	53	250	31	1	60	..	351	18	1	50	..	20	40	14
15	Kansas	95	6,116	723	71,286	2,729	11	6,492	1,396	6,149	3	361	..	407	341	1	77	19	189	69	3	240	..	3,026	143	1	25	..	80	12	15
16	Kentucky	73	4,552	494	68,186	2,383	8	6,854	1,895	6,598	5	1,062	..	1,452	925	1	28	7	180	20	7	235	19	2,502	70	..	..	..	....	....	16
17	Louisiana	42	5,637	411	118,703	4,513	6	6,014	2,410	5,755	3	326	..	252	169	..	..	..	....	..	3	164	13	3,675	110	1	30	..	327	24	17
18	Maine	56	2,893	414	41,669	1,663	4	3,040	531	3,023	5	530	..	466	475	1	16	16	348	12	..	....	..	.....	....	1	14	..	35	7	18
19	Maryland	39	5,909	588	86,405	4,003	19	9,339	3,137	8,738	9	1,357	..	1,996	1,261	..	..	..	....	..	..	....	..	.....	....	4	132	..	279	98	19
20	Massachusetts	152	19,889	2,630	298,445	13,934	32	27,670	9,193	26,785	31	4,737	..	5,375	3,660	10	385	422	6,089	250	2	29	14	648	14	11	504	..	1,904	414	20
21	Michigan	152	14,102	1,832	221,558	8,244	17	20,076	5,790	19,164	25	3,606	25	3,658	3,214	6	1,656	225	12,796	1,242	14	257	36	3,535	126	4	316	..	1,013	265	21
22	Minnesota	154	10,411	1,391	161,006	5,919	14	12,920	2,795	12,053	16	1,974	..	1,427	1,789	3	183	104	1,169	94	1	15	4	126	10	7	317	..	1,867	98	22
23	Mississippi	65	2,823	309	47,166	961	4	4,598	1,803	4,314	2	524	..	372	306	..	..	..	....	..	1	50	6	326	8	..	..	..	....	..	23
24	Missouri	94	9,949	1,132	158,832	5,851	18	12,412	3,040	12,322	7	1,445	..	1,415	1,299	7	338	318	3,348	163	3	450	..	4,516	149	1	30	..	400	19	24
25	Montana	52	3,015	380	32,539	1,434	2	2,170	578	2,120	1	150	..	161	143	1	22	18	....	10	2	135	8	2,537	72	..	..	..	....	..	25
26	Nebraska	88	4,416	547	61,860	2,229	5	5,165	1,144	4,956	1	160	..	131	154	1	70	16	115	27	..	....	..	.....	....	..	..	..	....	..	26
27	Nevada	13	436	71	4,935	299	1	325	88	318	..	.....	..	.....	.....	..	..	..	....	..	4	128	9	1,489	67	..	..	..	....	..	27
28	New Hampshire	33	1,809	309	29,031	1,152	2	2,400	518	2,392	2	210	..	155	177	1	22	16	221	8	1	8	..	30	1	..	..	..	....	..	28
29	New Jersey	88	12,085	1,995	229,841	8,157	29	20,287	7,889	18,914	17	3,273	..	4,302	2,681	2	281	293	5,752	176	1	30	7	432	12	5	324	..	1,109	253	29
30	New Mexico	29	1,574	126	17,853	793	2	775	220	714	8	1,225	..	928	825	..	..	..	....	..	5	207	10	1,042	56	..	..	..	....	..	30
31	New York	330	49,823	6,330	883,248	36,196	72	79,722	30,069	75,739	60	10,445	..	14,377	9,203	21	1,630	1,022	22,942	1,018	3	55	..	350	23	27	1,501	..	9,900	1,044	31
32	North Carolina	99	5,367	691	92,798	2,681	8	7,203	1,748	6,535	23	2,413	..	2,951	1,774	2	70	60	122	35	3	109	9	1,552	44	2	45	..	30	12	32
33	North Dakota	43	2,077	316	33,219	1,022	2	2,698	410	2,328	1	243	..	189	220	2	70	44	249	15	..	....	..	.....	....	..	..	..	....	..	33
34	Ohio	155	18,107	2,178	274,181	10,148	33	25,705	7,243	24,900	20	3,114	..	3,537	2,831	13	454	332	4,714	214	2	31	1	163	7	5	283	5	1,020	215	34
35	Oklahoma	100	4,919	561	74,486	2,472	6	7,190	2,729	6,124	6	869	..	1,370	789	1	22	30	493	11	1	10	..	12	1	..	..	..	....	..	35
36	Oregon	52	3,479	457	52,836	1,906	6	4,970	1,212	4,544	4	503	..	493	440	2	93	17	137	20	1	30	..	300	5	2	40	..	304	22	36
37	Pennsylvania	223	30,450	3,937	512,564	18,935	48	38,144	12,317	35,792	20	4,571	..	6,232	4,319	13	638	310	4,104	469	1	18	4	198	4	11	443	40	3,314	343	37
38	Rhode Island	15	2,985	250	32,822	2,284	4	3,064	790	3,013	3	560	..	833	507	1	155	155	2,955	101	..	....	..	.....	....	2	37	..	27	27	38
39	South Carolina	44	2,812	251	49,835	1,600	3	4,003	1,195	3,939	6	532	..	738	434	..	..	..	....	..	..	....	..	.....	....	..	..	..	....	..	39
40	South Dakota	58	2,720	360	32,953	1,483	3	2,520	379	2,177	1	192	..	120	165	..	..	..	....	..	1	25	5	443	13	..	..	..	....	..	40
41	Tennessee	65	5,380	502	92,404	3,044	9	6,418	2,734	5,783	8	1,083	..	976	951	1	36	12	68	16	1	16	..	44	4	1	25	..	75	11	41
42	Texas	227	12,012	1,380	203,493	5,782	15	12,668	4,135	12,694	19	2,426	..	4,250	1,914	3	42	21	202	9	8	477	15	6,742	205	2	230	..	113	164	42
43	Utah	27	1,624	237	23,936	906	3	1,247	267	1,188	..	.....	..	.....	.....	1	20	15	211	10	2	59	11	259	18	..	..	..	....	..	43
44	Vermont	22	1,144	177	20,915	623	4	1,950	595	1,899	3	169	..	209	148	..	..	..	....	..	1	33	7	349	10	..	..	..	....	..	44
45	Virginia	77	6,848	528	104,599	4,040	8	8,018	2,741	8,251	7	1,169	..	1,342	1,063	2	90	42	84	40	5	160	11	2,820	84	1	45	2	148	23	45
46	Washington	84	6,995	958	94,076	3,801	9	7,113	2,008	6,986	10	977	..	1,164	866	4	117	77	368	82	1	20	1	366	10	3	33	..	215	14	46
47	West Virginia	60	4,314	421	75,037	1,887	5	3,964	1,364	3,705	7	746	5	824	697	..	..	..	....	..	1	110	20	1,956	73	..	..	..	....	..	47
48	Wisconsin	130	11,595	1,615	167,775	6,474	51	14,591	4,864	13,959	21	2,064	..	1,945	1,785	1	9	35	147	5	2	28	8	399	11	1	15	..	61	4	48
49	Wyoming	21	733	110	10,111	321	3	1,226	230	1,138	1	33	..	24	30	..	..	..	....	..	2	45	6	243	11	..	..	..	....	..	49
50	Totals (1933)	4,237	386,713	47,008	6,071,512	231,692	621	498,955	170,833	474,787	497	70,682	30	84,327	60,301	134	7,976	4,660	82,250	4,857	118	5,923	364	69,748	2,620	130	5,489	50	27,383	3,802	50
51	(1932)	4,305	395,543	46,588	6,303,573	250,495	624	479,548	169,851	455,473	512	69,676	34	93,112	59,522	136	7,558	4,696	93,459	4,810	122	6,078	390	79,715	2,883	132	5,867	53	25,029	3,954	51
52	(1931)	4,309	384,333	45,434	6,321,861	247,560	587	451,245	.....	427,135	509	65,923	41	80,562	56,088	145	8,078	5,032	91,496	4,737	142	6,476	438	93,415	3,118	133	6,123	43	28,628	4,429	52
53	(1930)	4,302	371,609	43,941	.....	240,384	561	437,919	.....	415,042	515	65,940	18	.....	56,372	151	6,527	4,486	.....	4,126	155	6,875	474	.....	3,646	162	7,374	77	.....	5,034	53
54	(1929)	4,268	357,034	42,715	.....	234,009	572	414,386	.....	395,407	502	61,310	53	.....	50,707	146	5,434	4,023	.....	3,412	152	7,004	479	.....	3,824	149	6,474	75	.....	4,588	54
55	(1928)	4,361	363,337	38,339	.....	.....	553	394,268	.....	.....	508	62,113	23	.....	.....	164	5,912	3,621	.....	.....	169	7,290	449	.....	.....	171	7,347	69	.....	.....	55
56	(1927)	4,322	345,364	.....	.....	228,084	563	373,364	.....	349,667	508	63,170	..	.....	50,784	178	5,747	.....	.....	3,695	168	7,039	...	.....	3,712	159	8,143	..	.....	5,589	56

Table 2.—Number and Capacity of Hospitals According to Type of Service, Together with Number of Patients Admitted—Continued

Marginal No.	STATE	Isolation					Children's					Eye, Ear, Nose and Throat					Orthopedic					Hospital Departments of Institutions					All Other Hospitals					Totals					Marginal No.
		Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	
1	Alabama	..	...	..	...	...	2	67	3	1,247	38	..	...	..	.....	...	..	...	..	...	...	8	289	1	5,025	142	1	15	..	...	5	86	10,792	441	78,069	8,067	1
2	Arizona	..	...	..	...	...	..	...	..	...	...	..	...	..	.....	...	..	...	..	...	...	3	68	..	54	35	..	...	..	...	..	66	4,697	218	27,478	3,250	2
3	Arkansas	..	...	..	...	...	1	76	..	425	30	1	10	..	300	2	..	...	..	...	...	4	190	..	823	154	1	16	2	...	4	70	8,480	244	39,078	6,148	3
4	California	2	116	..	150	6	2	258	..	5,701	165	2	50	..	7,700	14	2	145	..	1,905	133	11	1,178	..	7,160	923	8	392	3	77,511	187	399	61,053	2,964	520,991	48,017	4
5	Colorado	2	98	..	708	30	1	147	18	2,982	111	..	...	..	.....	...	..	...	..	...	...	4	107	..	1,750	63	..	...	..	...	..	100	12,552	533	79,345	8,519	5
6	Connecticut	2	100	..	641	32	..	...	..	...	...	..	...	..	.....	...	1	210	..	120	186	12	732	12	4,047	525	1	24	..	738	17	85	17,482	982	118,636	14,003	6
7	Delaware	..	...	..	...	...	..	...	..	...	...	..	...	..	.....	...	..	...	..	...	...	..	...	..	.....	...	..	...	..	...	..	14	2,132	106	14,648	1,639	7
8	Dist. Columbia	..	...	..	...	...	1	182	..	6,006	112	2	114	..	5,892	61	..	...	..	...	...	4	656	..	1,788	390	1	140	..	58	138	33	11,441	483	110,381	10,057	8
9	Florida	..	...	..	...	...	2	56	..	530	19	..	...	..	.....	...	2	60	..	148	39	3	133	2	2,160	93	..	...	..	...	..	91	9,182	530	65,194	6,741	9
10	Georgia	..	...	..	...	...	1	50	2	766	24	..	...	..	.....	...	2	118	..	504	107	4	334	..	3,106	216	3	137	1	2,143	113	111	13,283	567	99,815	10,559	10
11	Idaho	1	10	..	18	...	..	...	..	...	...	..	...	..	.....	...	..	...	..	...	...	2	50	..	566	17	1	10	..	...	2	53	3,172	231	22,281	2,107	11
12	Illinois	3	508	..	3,546	234	3	324	24	7,462	232	2	275	..	5,710	177	2	180	..	365	161	17	905	..	8,842	530	3	358	..	292	323	327	70,762	4,108	480,349	54,183	12
13	Indiana	1	10	..	24	2	1	270	..	3,626	248	1	7	..	300	3	..	...	..	...	...	12	673	..	5,846	372	1	25	..	150	15	141	22,609	1,153	125,440	17,590	13
14	Iowa	4	102	3	517	17	..	...	..	...	...	..	...	..	.....	...	..	...	..	...	...	9	573	21	6,104	219	..	...	..	...	..	167	19,562	1,106	116,369	14,866	14
15	Kansas	..	...	..	...	...	..	...	..	...	...	..	...	..	.....	...	..	...	..	...	...	13	578	1	6,435	316	..	...	..	...	..	127	13,889	743	82,819	9,759	15
16	Kentucky	..	...	..	...	...	1	74	..	915	58	..	...	..	.....	...	2	105	..	296	59	5	205	..	3,009	96	2	136	..	23	123	104	13,251	520	78,458	10,332	16
17	Louisiana	1	65	..	383	15	..	...	..	...	...	1	70	..	3,786	10	1	60	..	136	63	2	35	..	50	14	2	550	..	98	477	62	12,951	424	129,820	11,150	17
18	Maine	1	24	..	50	3	1	100	..	459	67	..	...	..	.....	...	..	...	..	...	...	..	...	..	.....	...	1	10	..	488	6	70	6,627	430	44,046	5,256	18
19	Maryland	1	110	..	1,453	63	..	...	..	...	...	2	100	..	4,638	34	2	200	..	400	158	7	165	..	2,175	74	2	144	..	219	123	85	17,456	588	100,702	14,552	19
20	Massachusetts	6	232	2	708	67	6	590	..	8,518	400	1	219	12	7,596	142	5	695	..	964	571	16	629	12	5,377	348	8	611	..	4,145	522	280	56,190	3,092	348,962	47,107	20
21	Michigan	5	209	6	1,256	80	2	284	..	6,892	263	1	150	..	1,136	38	1	50	..	187	47	10	720	..	7,524	371	3	55	..	833	14	240	41,481	2,124	266,178	33,068	21
22	Minnesota	3	76	..	79	4	1	70	..	729	18	..	...	..	.....	...	2	310	..	673	282	9	451	..	4,916	301	5	403	..	6,194	267	215	27,130	1,499	180,981	20,835	22
23	Mississippi	..	...	..	...	...	..	...	..	...	...	..	...	..	.....	...	..	...	..	...	...	3	124	..	576	48	..	...	..	...	..	75	8,119	315	50,243	5,637	23
24	Missouri	1	250	..	1,942	158	2	359	12	5,596	250	1	14	..	1,890	5	1	120	..	457	119	9	515	..	3,022	355	4	136	..	2,015	111	148	26,018	1,462	186,473	20,801	24
25	Montana	1	35	..	62	6	..	...	..	...	...	..	...	..	.....	...	..	...	..	...	...	2	35	..	359	3	1	16	..	48	1	62	5,578	406	36,284	3,789	25
26	Nebraska	1	20	..	4	...	..	...	..	...	...	..	...	..	.....	...	1	110	..	393	90	6	253	11	506	179	1	21	..	...	10	104	10,215	574	64,153	7,645	26
27	Nevada	..	...	..	...	...	1	39	..	473	16	..	...	..	.....	...	..	...	..	...	...	..	...	..	.....	...	..	...	..	...	..	19	928	80	6,985	700	27
28	New Hampshire	1	67	..	293	19	1	30	..	305	16	..	...	..	.....	...	..	...	..	...	...	3	146	..	1,044	14	1	43	..	...	41	45	4,735	325	31,597	3,820	28
29	New Jersey	6	1,204	2	4,057	489	2	100	..	887	50	3	104	3	5,132	52	5	696	..	1,571	304	11	563	3	4,622	343	5	283	..	486	228	174	39,230	2,303	266,080	31,659	29
30	New Mexico	..	...	..	...	...	..	...	..	...	...	..	...	..	.....	...	1	20	10	150	12	1	30	..	129	3	..	...	..	...	..	46	3,831	146	20,322	2,403	30
31	New York	8	1,157	..	13,745	782	5	729	39	10,541	533	10	764	..	44,181	404	14	1,845	..	11,545	1,413	35	4,137	46	15,281	2,985	17	2,757	2	10,360	2,333	602	154,565	7,439	1,066,539	131,673	31
32	North Carolina	..	...	..	...	...	4	145	5	444	80	4	65	..	2,868	24	1	150	..	341	143	8	325	..	1,435	156	1	35	2	541	14	155	15,927	767	104,830	11,498	32
33	North Dakota	2	63	..	46	2	..	...	..	...	...	1	10	1	575	2	..	...	..	...	...	2	100	..	453	60	..	...	..	...	..	53	5,261	361	35,141	3,649	33
34	Ohio	3	134	3	438	18	4	554	12	7,976	289	4	41	2	436	4	3	174	..	336	133	21	1,616	13	7,796	1,022	5	502	..	934	405	268	50,715	2,546	308,774	40,186	34
35	Oklahoma	..	...	..	...	...	..	...	..	...	...	..	...	..	.....	...	2	54	..	624	19	5	185	..	2,780	53	..	...	..	...	..	121	13,249	591	82,494	9,469	35
36	Oregon	1	70	..	617	17	2	117	..	3,314	66	1	40	..	585	5	1	50	..	223	54	3	62	..	695	17	1	50	..	...	45	76	9,504	474	60,716	7,141	36
37	Pennsylvania	6	1,530	..	7,274	646	5	462	..	8,061	270	3	267	..	6,186	134	8	608	..	1,368	490	25	1,191	..	6,358	733	9	565	..	1,554	477	372	78,887	4,291	569,530	62,612	37
38	Rhode Island	..	...	..	...	...	..	...	..	...	...	..	...	..	.....	...	..	...	..	...	...	3	84	..	779	69	4	345	1	2,729	248	32	7,230	406	40,935	6,249	38
39	South Carolina	..	...	..	...	...	..	...	..	...	...	1	15	..	140	3	1	60	..	384	62	7	205	..	2,510	31	1	10	..	...	1	63	7,637	251	54,802	6,070	39
40	South Dakota	..	...	..	...	...	1	24	..	...	13	..	...	..	.....	...	..	...	..	...	...	1	30	..	130	20	..	...	..	...	..	65	5,511	365	34,025	3,871	40
41	Tennessee	1	50	..	31	7	1	73	11	1,060	41	6	120	2	4,878	32	3	146	..	1,027	84	7	853	..	5,146	594	..	...	..	...	..	103	14,200	527	108,443	10,567	41
42	Texas	1	50	..	37	...	2	85	10	1,025	57	6	107	..	2,747	30	2	55	..	593	45	8	465	..	7,314	218	3	49	..	661	15	296	28,666	1,426	231,312	21,133	42
43	Utah	..	...	..	...	...	1	40	..	94	28	..	...	..	.....	...	..	...	..	...	...	1	18	..	120	...	..	...	..	...	..	35	3,008	263	24,887	2,150	43
44	Vermont	..	...	..	...	...	..	...	..	...	...	..	...	..	.....	...	..	...	..	...	...	2	40	..	59	3	..	...	..	...	..	32	3,336	184	22,127	2,683	44
45	Virginia	1	60	..	218	8	1	26	..	1,247	16	1	25	..	433	4	..	...	..	...	...	8	768	18	5,758	258	..	...	..	...	..	111	17,209	601	119,390	13,787	45
46	Washington	2	115	..	1,284	3	..	...	..	...	...	..	...	..	.....	...	2	155	..	1,394	129	7	423	..	4,484	285	1	275	..	674	259	123	16,223	1,036	106,033	12,435	46
47	West Virginia	..	...	..	...	...	..	...	..	...	...	1	10	..	305	3	2	85	..	426	61	2	78	..	555	65	..	...	..	...	..	78	9,307	446	80,467	6,491	47
48	Wisconsin	3	310	..	1,015	91	1	155	..	3,026	108	1	45	..	1,151	12	..	...	..	...	...	8	665	12	2,406	278	6	255	7	1,955	119	225	29,732	1,677	184,744	22,846	48
49	Wyoming	1	14	..	8	2	..	...	..	...	...	..	...	..	.....	...	..	...	..	...	...	..	...	..	.....	...	..	...	..	...	..	28	2,051	116	10,616	1,502	49
50	Totals...(1933)	71	6,789	16	40,604	2,801	58	5,486	136	90,307	3,618	56	2,622	20	108,565	1,195	69	6,461	10	26,530	4,964	343	21,582	152	151,074	12,991	103	8,368	18	114,849	6,643	6,437	1,027,046	52,464	7,037,982	810,271	50
51	(1932)	79	7,314	33	41,874	2,858	58	5,353	172	83,166	3,629	58	2,718	29	116,527	1,357	69	6,582	..	31,862	5,229	393	23,924	133	151,021	15,131	74	4,193	12	38,962	3,104	6,562	1,014,354	52,232	7,228,151	808,445	51
52	(1931)	86	7,603	50	40,210	2,837	60	5,463	273	83,416	3,823	64	2,774	27	113,762	1,444	68	6,569	..	37,842	5,131	434	25,421	137	131,291	16,249	76	4,107	19	35,604	2,845	6,613	974,115	51,494	7,155,976	775,396	52
53	(1930)	88	7,608	44	.....	2,490	62	5,597	258	.....	3,756	73	2,702	14	.....	1,433	64	6,346	..	.....	5,301	460	27,232	109	.....	17,855	126	10,140	95	.....	7,943	6,719	955,869	49,584	.....	763,382	53
54	(1929)	86	7,422	29	.....	2,677	61	5,443	248	.....	3,586	68	2,646	12	.....	1,263	61	5,943	..	.....	4,768	473	24,732	170	.....	15,584	127	9,305	79	.....	6,943	6,665	907,133	47,939	.....	726,766	54
55	(1928)	92	8,479	113	.....	.....	65	5,669	377	.....	.....	77	2,879	21	.....	.....	64	5,713	..	.....	.....	529	22,831	161	.....	.....	99	7,096	9	.....	.....	6,825	892,934	43,313	.....	.....	55
56	(1927)	98	8,895	...	.....	3,264	58	5,050	...	.....	3,487	77	2,832	..	.....	1,502	62	5,595	..	.....	4,456	530	21,930	...	.....	12,453	84	6,189	..	.....	5,139	6,807	853,318	.....	.....	671,832	56

(Continued from page 1005)

A change of bed capacity during the year was reported by 1,498 hospitals—an increase in 802 and a decrease in 696.

The capacity of hospitals in the United States has doubled in the past twenty years. In 1914 there were 532,481 beds; in 1933, 1,027,046 beds.

Total beds added in the last ten years were 271,325; of these 222,525 were built with public funds and 48,800 with private funds.

In the past ten years, from 1923 to 1933, governments, federal, state and local, added to their hospital facilities more than four and one-half times as many beds as nongovernment agencies.

However, 76 per cent of the capacity of all governmental hospitals is for treatment of tuberculosis and mental diseases.

The number of patients in all hospitals has not been diminished by the depression; in 1929 the average census was 726,766; in 1933 it was 810,271. In hard times more people go to tax-supported hospitals and fewer to other types of institutions.

Governmental hospitals were 88.9 per cent filled in 1929 and 90.1 per cent in 1933; nongovernment hospitals were 64.6 per cent filled in 1929 and only 55.3 per cent in 1933.

Idle beds for several past years have been as follows:

1923	202,589
1929	180,367
1930	192,487
1931	198,719
1932	205,909
1933	216,775

Hospitals have sent in the names of 126,261 physicians (duplicates eliminated) who have hospital connection.

Physicians comprise 36 per cent of all hospital superintendents, nurses 40 per cent and laymen 24 per cent.

Roentgen-ray departments number 4,677, with 3,487 run by physicians, 892 by other persons; the remainder not specified.

Among the 4,324 hospital laboratories, 2,878 are directed by pathologists or other physicians; 1,089 by other persons; remainder not specified.

In 1933, 1 person in 13 was an outpatient in a hospital; in 1929, 1 in 18, and in 1921, 1 in 35.

At the end of 1933 there were 677 approved hospitals offering 6,074 internships and 370 offering 2,438 residencies.

UNOCCUPIED BEDS IN HOSPITALS

Comparisons of bed occupancy between 1929 and 1933 are made in the accompanying table. The reasons for selecting the years 1929 and 1933 for comparison are obvious. The number of vacant beds in each of the several groups of hospitals as an average does not reflect conditions in individual hospitals but should be interesting facts for the consideration of those who may be contemplating the building of additional hospitals, as well as those who bear the burden of taxation or philanthropy necessary to support existing hospitals.

Among the nongovernmental groups, church hospitals, which maintained 37,785 idle beds in 1929, had 52,219 in 1933. Similarly, the other independent hospital associations carried 54,794 idle beds in 1929 and 71,305 in 1933. These nongovernmental hospitals are nearly all general, which helps to explain the comparatively low rate of occupancy in hospitals not maintained by taxation.

The number of idle beds in general hospitals has reached the astonishing number of 155,021, having increased from 123,025 since 1929.

Unoccupied Beds in Hospitals

	Unoccupied Beds (Average)			
(I) According to Ownership or Control:	1929	1930	1932	1933
Federal	13,868	13,082	16,167	18,909
State	21,664	25,030	25,369	24,119
County	12,625	13,086	13,445	11,363
City	14,688	15,184	11,969	11,774
City-county	2,807	2,607	2,249	2,234
Total governmental	65,652	68,989	69,199	68,399
Church	37,785	41,684	47,436	52,219
Fraternal	1,656	1,827	1,844	1,912
Industrial	3,107	3,145	3,171	3,301
Individual or partnership	17,373	18,609	19,450	19,639
Independent associations	54,794	58,233	64,809	71,305
Total nongovernmental	114,715	123,498	136,710	148,376
Total unoccupied beds—all hospitals	180,367	192,487	205,909	216,775
(II) According to Type of Service:				
General	123,025	131,225	145,048	155,021
Nervous and mental	18,979	22,877	24,075	24,168
Tuberculosis	10,603	9,568	10,154	10,381
Maternity	2,022	2,401	2,748	3,119
Industrial	3,180	3,229	3,195	3,303
Convalescent and rest	1,886	2,340	1,913	1,687
Isolation	4,745	5,118	4,456	3,988
Children's	1,857	1,841	1,724	1,868
Eye, ear, nose and throat	1,383	1,269	1,361	1,427
Orthopedic	1,175	1,045	1,353	1,497
Hospital departments of institutions	9,148	9,377	8,793	8,591
All other hospitals	2,364	2,197	1,089	1,725
Total unoccupied beds—all hospitals	180,367	192,487	205,909	216,775

OCCUPANCY OF HOSPITALS ACCORDING TO OWNERSHIP OR CONTROL

Table 1 shows occupancy in hospitals in 1933 by groups, and it affords comparison with 1923. The groups under governmental hospitals are federal, state, county, city, and city-county, and the groups under nongovernmental hospitals are church, fraternal, industrial, individual or partnership, and independent associations.

Percentage of Beds Occupied in Hospitals According to Ownership or Control Showing Trend in Past Decade

	1923	1929	1930	1931	1932	1933
Federal	64.8	76.8	79.2	76.5	78.2	75.0
State	86.6	94.6	93.8	94.2	94.2	94.5
County	72.5	80.7	82.2	81.2	84.1	85.8
City	65.2	74.3	75.9	76.3	82.8	83.0
City-county	64.9	80.2	81.6	82.0	72.4	75.5
Governmental	79.4	88.9	88.8	88.7	89.8	90.1
Church	62.9	66.7	64.2	63.2	59.6	54.9
Fraternal	63.1	68.7	67.4	69.0	66.8	64.5
Industrial	53.7	54.4	53.1	48.2	47.7	44.4
Individual or partnership	59.9	54.2	51.7	48.7	45.6	41.1
Independent associations	64.0	65.9	65.4	64.3	61.3	58.5
Nongovernmental	62.8	64.6	63.2	61.9	59.2	55.3
All hospitals	73.1	80.1	79.8	79.6	79.7	78.8

In 1923 the only one of these governmental groups that showed an occupancy rate of more than 72.5 per cent was state hospitals, whose rate was 86.6 per cent. In 1933, not one of the governmental group showed less than 75 per cent occupancy, the figures for the latter year being: federal, 75.0; state, 94.5; county,

85.8; city, 83.0; city-county, 75.5. The rate of occupancy for the entire governmental division advanced from 79.4 to 90.1.

Among the nongovernmental groups, the average occupancy for all hospitals in the groups in 1923 was 62.8 per cent, the lowest being industrial hospitals, 53.7, and the highest in the group being independent associations, 64.0 per cent. In contrast, in 1933 the entire nongovernmental group had an occupancy of 55.3 per cent, the lowest being individual or partnership hospitals 41.1 per cent, and the industrial hospitals 44.4 per cent. In 1933, church hospitals had an occupancy of 54.9 per cent, fraternal hospitals 64.5, and independent associations 58.5 per cent.

Comparison between the rate of occupancy in any one year and that in other years may be readily made by reference to accompanying tables. The rate in all the registered hospitals taken together advanced in ten years from 73.1 per cent to 78.8 per cent. The rate of occupancy in all hospitals reached its highest peak in 1929, with 80.1 per cent. The rate of occupancy in all hospitals taken together is not seriously affected by depression except that in such times a larger proportion of the patients go to the tax-supported hospitals.

SHIFT FROM NONGOVERNMENTAL TO GOVERNMENTAL HOSPITAL SERVICES

During the past decade the number of hospital beds under governmental control increased as follows:

(*a*) Federal, 40 per cent.
(*b*) State, 52 per cent.
(*c*) County, 73 per cent.
(*d*) City, 8 per cent.
(*e*) City-county, 94 per cent.

Total government beds increase, 47 per cent.

The average census increased 67 per cent in government hospitals.

In contrast:

(*a*) Church hospitals increased 49 per cent.
(*b*) Fraternal hospitals increased 7 per cent.
(*c*) Industrial hospitals increased 4 per cent.
(*d*) Individual and partnership hospitals decreased 27 per cent.
(*e*) Independent association hospitals increased 15 per cent.

Total nongovernment beds increased 17 per cent.

During this time the average census in nongovernmental hospitals increased but 3 per cent.

During the two years 1931-1933 the number of patients admitted to governmental hospitals increased 18 per cent, while those admitted to nongovernmental hospitals decreased 8 per cent.

The total number of patients admitted to all hospitals is approximately the same for 1933 as for 1931, there being a decrease of 1.6 per cent.

HOW HOSPITALS SHARED IN PATIENTS ADMITTED IN 1933

During the year covered by the present census, all registered hospitals admitted a total of 7,037,982 patients. The proportion of this huge number of patients which each group of hospitals admitted is shown in the following tabulation.

According to Ownership or Control:

Federal	4.6 per cent	Church	24.9 per cent
State	6.8 per cent	Fraternal	0.5 per cent
County	5.7 per cent	Industrial	0.9 per cent
City	10.8 per cent	Individual or partnership	5.4 per cent
City-county	2.5 per cent	Independent associations	37.5 per cent

According to Types of Service:

General	86.2 per cent
Nervous and mental	2.4 per cent
Tuberculosis	1.1 per cent
Maternity	1.1 per cent
Industrial	0.9 per cent
Convalescent and rest	0.3 per cent
Isolation	0.5 per cent
Children's	1.2 per cent
Eye, ear nose and throat	1.5 per cent
Orthopedic	0.3 per cent
Institutional	2.1 per cent
All other hospitals	1.6 per cent

Governmental institutions admitted approximately 30 per cent of all hospital patients, nongovernmental institutions approximately 70 per cent. As to types of service, general hospitals received all but about 13 per cent of all hospital patients admitted.

Total Patient Days and Average Length of Stay in Hospitals According to Control

	1923	1929	1933	Percentage of Increase 1923 to 1933	Average Length of Stay, Days 1931	1933
Federal	12,752,005	16,802,045	20,704,990	62.3	64	63
State	95,571,600	132,875,330	158,967,355	66.3	370	329
County	11,966,525	19,342,810	25,202,155	110.6	66	61
City	15,381,100	15,490,600	21,120,725	37.3	25	27
City-county	1,113,980	4,152,240	2,521,785	126.3	39	14
Total governmental	136,785,210	188,663,025	228,517,010	67.0	113	106
Church	17,901,790	27,656,050	23,221,665	29.1	13	13
Fraternal	1,163,255	1,323,855	1,272,755	9.4	31	34
Industrial	1,123,835	1,351,595	962,505	14.3*	12	14
Individual or partnership	9,998,445	7,520,460	5,017,290	49.8*	14	13
Independent associations	34,921,010	38,754,605	36,757,690	5.2	14	13
Total nongovernmental	65,108,335	76,606,565	67,231,905	3.2	14	13
Grand total, all hospitals	201,893,545	265,269,590	295,748,915	46.4	40	42

* Decrease.

HOSPITALS ACCORDING TO TYPE OF SERVICE

Separate columns in the accompanying tables are used to show statistics for each of the several types of hospitals, giving the number of hospitals, their capacity in beds and bassinets, the number of patients admitted during the past year, and the average daily census. These data are given by states as well as by totals. At the bottom of the table are figures for the past seven years for comparison.

Percentage of Beds Occupied in Hospitals According to Type of Service

	1929	1930	1931	1932	1933
General	65.5	64.7	64.4	63.3	59.9
Nervous and mental	95.7	94.8	94.6	94.9	95.1
Tuberculosis	82.7	85.5	85.0	85.4	85.3
Maternity	62.8	63.2	58.6	63.6	60.8
Industrial	54.6	53.0	48.1	47.4	44.2
Convalescent and rest	70.9	68.3	72.3	67.4	69.2
Isolation	36.1	32.7	38.6	39.0	41.2
Children's	65.9	67.0	69.9	67.8	65.9
Eye, ear, nose and throat	47.7	53.0	52.0	49.9	45.6
Orthopedic	80.2	83.5	78.1	79.4	76.9
Hospital departments of institutions	63.0	65.5	63.9	63.2	60.1
All other hospitals	74.6	78.3	69.2	74.0	79.3
Total hospitals	80.1	79.8	79.6	79.7	78.8

In addition to the three large groups of hospitals known as general, nervous and mental, and tuberculosis, all of which are on the increase, there are a number of types of special hospitals. These special

hospitals are usually small and not very numerous. While the volume of their work does not nearly approach that of the large groups mentioned, it is nevertheless of great importance. Over a period of seven years for which reliable statistics have been obtained, an increase is shown in the work of maternity, children's and orthopedic hospitals, and a declining trend in the volume of work in industrial, convalescent and rest, isolation, and eye, ear, nose and throat hospitals.

Births in Hospitals

According to Ownership or Control	
Federal	5,070
State	16,145
County	37,215
City	71,336
City-county	11,913
Total governmental	141,679
Church	215,959
Fraternal	1,622
Industrial	3,178
Individual or partnership	36,120
Independent associations	310,718
Total nongovernmental	567,597
According to Types of Service	
General	649,880
Maternity	55,249
Industrial	3,181
Convalescent and rest	6
Isolation	1
Children's	679
Hospital departments of institutions	272
All other hospitals	8
Total—all hospitals	709,276

Maternity hospitals number 134, as compared with 178 seven years ago. During that time the capacity increased from 5,747 to 7,976 beds, and the average census of patients from 3,695 to 4,857. In the same period, occupancy dropped from 62.8 per cent to 60.8 per cent. During the past three years the number of patients admitted to maternity hospitals has decreased from 91,496 to 82,250, which is obviously a comparatively small decrease, considering conditions in those years. During the past six years in which our census included the number of bassinets, the maternity hospitals have increased their bassinets from 3,621 to 4,660. Since in the same period the general hospitals increased their bassinets from 38,339 to 47,008, there is no apparent indication that the maternity work is shifting either way as between the maternity hospitals and the maternity departments of general hospitals. State hospitals reported 16,145 births during last year, and federal hospitals 5,070. Maternity hospitals are credited with about one tenth of the 709,276 births in all hospitals last year.

Orthopedic hospitals as a group are to be credited with a steady but not striking gain, having increased in number from 62 to 69 in the past seven years, and in capacity from 5,595 to 6,461, but having decreased in the number of patients admitted from 37,842 to 26,530. No separate data have been obtained for the amount of orthopedic work that is done in general hospitals.

Among the groups of special hospitals showing a rather pronounced slump in volume of work are those operated by industries, which numbered 168 in 1927, 122 in 1932, and 118 in the present survey. The figures in the column for industrial hospitals show a decline in number of beds, number of bassinets, number of patients admitted, and the average census.

Convalescent and rest institutions, which numbered 159 in 1927 with a capacity of 8,143, now number 130, with a capacity of 5,489. Their average census has shrunk from 5,589 to 3,802. The convalescent and rest institutions as a group are not very clearly defined, the designation being used to include institutions properly so named as well as those that accommodate some aged or other chronically ill or mild nervous types and others who are disabled but not acutely ill.

The figures for isolation hospitals show a reduction in number from 98 to 71 since 1927, and in capacity from 8,895 to 6,789. Apparently little change has been made in the number of patients admitted and the average census of those institutions. The type of isolation hospitals rather commonly known to most large towns during the earlier years of the Hospital Register has been replaced by institutions fitted not only for isolation but also for the scientific study of contagious diseases.

Children's hospitals have held their own as to number, capacity and amount of work done since 1927, which might give reason to believe that in normal times they would increase. Their present number of 58 and capacity of 5,486, with admissions totaling 90,307 for 1933, is believed to fall far short of the aggregate of pediatric services in general hospitals.

The hospitalization of patients suffering from diseases of the eye, ear, nose and throat appears to be done largely in the general hospitals, although there are 56 special hospitals in this group, having a capacity of 2,622 beds and an average census of 1,195; whereas in 1927 there were 77 hospitals under this classification with an average census of 1,502 patients.

Each annual census has disclosed that a number of schools, orphanages and special types of homes no longer maintain hospital service for their inmates but send those that are acutely ill or injured to existing hospitals in the same town or community. This accounts for the reduction in number from 530 to 343 since 1927. Some of the institutions that do find it advantageous or necessary to maintain a hospital department, such as prisons, have been forced to increase the capacity of those departments so that the 343 now in existence have practically the same capacity as was found in the 530 that were in operation seven years ago—a little in excess of 21,000. The average census of institutional hospitals remains around 12,000, or about the same as that of seven years ago.

Trends in the Past Decade, 1923-1933

	Hospitals		Beds and Bassinets		Bassinets	Average Census	
	1923	1933	1923	Beds 1933	1933	1923	1933
Federal	220	295	53,869	75,635	502	34,937	56,726
State	601	557	302,208	459,646	925	261,840	435,527
County	465	511	46,571	80,410	2,220	32,785	69,047
City	415	344	64,599	69,639	3,627	42,140	57,865
City-county	35	69	4,701	9,143	541	3,052	6,909
Total governmental	1,736	1,776	471,948	694,473	7,815	374,754	626,074
Church	893	984	77,941	115,840	16,190	49,046	63,621
Fraternal	97	72	5,043	5,399	132	3,187	3,487
Industrial	146	115	5,730	5,938	361	3,079	2,637
Individual or partnership	1,762	1,435	45,719	33,385	4,962	27,393	13,746
Independent associations	2,196	2,055	149,341	172,011	23,004	95,674	100,706
Total nongovernmental	5,094	4,661	283,774	332,573	44,649	178,379	184,197
Grand total	6,830	6,437	755,722	1,027,046	52,464	553,133	810,271

While the classification of hospitals that is used in table 2 accommodates nearly all of the 6,437 registered

hospitals and related institutions, there are still 103 hospitals that are of varied and special types not readily classified in the regular scheme. The figures regarding these hospitals are found in the column headed "All Other Hospitals." They include institutions devoted to the care of cancer, cardiac cases, diabetes, chronic diseases, goiter, and drug addiction, as well as a few for venereal treatments only, and some emergency and special surgical services. These institutions had an average census of 6,643 and admitted 114,849 patients during the year.

GENERAL HOSPITALS

In general, the rural communities for local purposes have general hospitals, while urban centers of population favor general hospitals but make it possible to establish special ones. There are 4,237 general hospitals, as compared with 4,322 seven years ago. The decrease in number has been accompanied by a constant increase in capacity, since many general hospitals have been merged with others. The bed capacity, therefore, has increased from 345,364 to 386,713. This year's capacity showed a negligible loss of some 9,000 beds as compared to the capacity for 1932. The bassinets in general hospitals increased from 38,339 to 47,008 in the past six years, showing an increase of 420 bassinets in the past year (between the census of 1932 and that of 1933). General hospitals have now an average census of 231,692, which is 3,608 more than they had in 1927 but 18,803 less than in 1932. The average length of stay in all general hospitals as a group is thirteen days. By reference to table 2 it will be seen that the total patients admitted to general hospitals has declined a little each year since 1931, the first year in which the census revealed the number of patients admitted. Nevertheless, during the year 1933 covered by the last census the general hospitals admitted 6,071,512 patients, or more than 86 per cent of the total of 7,037,982 admitted to all types of hospitals. General hospitals, therefore, admitted 52 times as many patients as all other hospitals combined and 35 times the 170,833 patients entering mental hospitals, the nearest competitor to general hospitals in this particular. The total number of patient days in general hospitals, 84,567,580, is 6,863,095 below the patient days of the preceding year but 1,316,920 above the patient days for 1927. Bed occupancy in general hospitals was 65.5 per cent in 1927 and 59.9 per cent in 1933. General hospitals had 155,021 vacant beds, as an average, in 1933 as against 123,025 in 1927.

Analysis of General Hospitals

Federal	235
State	46
County	213
City	222
City-county	40
Total governmental	756
Church	838
Fraternal	25
Individual or partnership	1,091
Independent associations	1,527
Total nongovernmental	3,481
Total general hospitals	4,237

WHO OWNS THE GENERAL HOSPITALS?

The federal government operates 235 of the general hospitals; states, 46; counties, 213; cities, 222; and city and county governments unite in the operation of 40 general hospitals. This makes a total of 756 general hospitals supported by public taxation.

Eight hundred and thirty-eight general hospitals are operated by church groups; 25 by fraternities; 1,091 by individuals and partnerships, and 1,527 by independent hospital corporations, making a total of 3,481 general hospitals that are under nongovernmental or "voluntary" control.

FOR PROFIT AND NOT FOR PROFIT

Those hospitals which are classified as independent associations are maintained by corporations that were formed for the express purpose of conducting the hospitals. They are independent because they are not conducted under the auspices of some other corporation as are church, industrial and governmental hospitals. The independent association hospitals number 2,055. Of these, 232 reported that they are incorporated for profit, 1,113 not for profit, and 710 did not make clear the exact nature of their corporate provision with regard to profit. Adding these 1,113 not for profit to the total number of 984 under church control gives a total of 2,097 hospitals incorporated not for profit, which is at least nine times the 232 that declared themselves incorporated for profit. It may be assumed that practically all of the individually owned and partnership hospitals, although not incorporated, are operated for profit.

TUBERCULOSIS HOSPITALS

Hospitals and sanatoriums for the treatment of tuberculosis seem to remain about stationary so far as the number of institutions designed for that purpose is concerned. There were 508 such hospitals in 1927 and there are 497 now. During that time the rated capacity, however, rose from 63,170 to 70,682, the increase being steady. There were 84,327 individuals admitted as patients during this census, an increase of 3,765 over the census of two years ago. The institutions for the treatment of tuberculosis in the state of New York reported 14,377 patients admitted; Pennsylvania, 6,232; Massachusetts, 5,375; California, 4,714; New Jersey, 4,302; Texas, 4,250; Arizona, 2,870; Colorado, 10,076, and New Mexico, 928. The agencies that maintain hospitals for the treatment of tuberculosis, together with the number of such institutions supported by each agency are as follows:

Federal	22	Church	22
State	62	Fraternal	6
County	185	Industrial	1
City	30	Individual or partnership	49
City-county	14	Independent associations	106
Total governmental	313	Total nongovernmental	184
Total tuberculosis hospitals			497

MENTAL HOSPITALS

Hospitals for mental diseases number 621, a decrease of only 3 from the preceding census. They have a total rated bed capacity of 498,955. This is an increase of 19,407 beds for the year, which represents some slackening in the rate of increase of these institutions due, no doubt, to the business conditions prevailing in these years. Mental hospitals admitted 170,833 patients as compared with 169,851 the preceding year. The average census, however, was 474,787, a sizable increase over 455,473 for the previous census. Some idea regarding the distribution of patients among the several types of nervous and mental institutions may be obtained from the following classification, which tells

what percentage of the total average census of patients was shared by each classification:

Veterans Administration hospitals	2.7 per cent
Other federal institutions	1.2 per cent
State hospitals and asylums	67.2 per cent
State schools and colonies	14.8 per cent
Other state institutions	2.3 per cent
County and city institutions	8.3 per cent
Total governmental	96.5 per cent
Private endowed hospitals	0.4 per cent
Private sanatoriums	2.0 per cent
Other private institutions	1.1 per cent
Total nongovernmental	3.5 per cent

While the mental hospitals under government ownership care for 96.5 per cent of the average census of all mental hospitals, the private institutions care for 3.5 per cent. The more complete census reported last year indicated that with respect to total discharges these government institutions were credited with 75.8 per cent and the private institutions with 24.2 per cent.

HOSPITALS IN UNITED STATES POSSESSIONS

That hospitalization is assuming quite considerable proportions in the territorial possessions of the United States is attested by the presence of 215 hospitals in those possessions, 95 of which are in the Philippine Islands, 45 in Hawaii, 41 in Puerto Rico, 18 in Alaska, 10 in the Canal Zone, 5 in the Virgin Islands and 1 in Guam.

Hospitals in United States Possessions

		Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Births
Alaska		18	3,541	518	61	213	259
Canal Zone		10	22,156	1,657	39	739	972
Guam		1	3,439	120	..	106	125
Hawaii		45	38,458	4,702	227	3,411	2,776
Philippine Islands		95	67,322	8,497	424	5,797	7,098
Puerto Rico		41	15,451	2,978	261	1,927	2,416
Virgin Islands		5	1,686	322	24	250	111
Totals	(1933)	215	152,053	18,794	1,036	12,443	13,757
	(1932)	204	119,326	18,335	729	12,872	8,416
	(1931)	202	104,844	17,901	651	12,438	7,548

The prompt response of these hospitals, like that of those on the continent, has contributed appreciably to the completeness of the census. The figures from those reports compiled here do not indicate any considerable expansion in building programs but show for the past two years an increase in number of patients admitted from 104,844 to 152,053. The average census of patients remains stationary, although the number of births in those hospitals for the two years increased from 7,548 to 13,757.

PHYSICIANS CONNECTED WITH HOSPITALS

The physicians whose names were supplied in this census as having hospital connections reached the grand total of 126,261. This is the net figure after the elimination of duplicate names from the list of staff members. Included in this are 2,312 superintendents, 7,970 interns, 2,348 resident physicians and 113,631 members of staffs. The lists of staff members includes those on regular, consulting, associate, courtesy and other types of staff designations. The census for 1932 found 113,730 physicians connected with hospitals, and in 1929 there were 90,903.

DIRECTORS OF PATHOLOGIC AND OF RADIOLOGIC DEPARTMENTS

Presented here for the first time are some arresting data pertaining to clinical laboratory and x-ray facilities. The compilation reveals that 4,324 hospitals supply laboratory service, and 4,677 have x-ray departments out of 6,437 total hospitals, or 67 per cent and 72 per cent, respectively. Beyond interest in actual number of laboratories is concern for competent medical supervision in both departments.

The District of Columbia is represented as having the best record in this regard, since nearly 100 per cent of the hospital laboratories reported in the District are said to be under adequate medical supervision. Nevada has less than one third of the reported laboratories under the direction of trained physicians. All other states say that over one half of the reported laboratories have doctors of medicine as directors.

Directors of Pathologic and of Radiologic Departments in Hospitals Having Those Departments

State	Hospitals Having Clinical Laboratories	Director of Clinical Lab. M.D.	Director of Clinical Lab. Other and Undesignated	Hospitals Having X-Ray Departments	Director of X-Ray Dept. M.D.	Director of X-Ray Dept. Other and Undesignated
Alabama	56	39	14	66	49	13
Arizona	29	15	8	36	27	6
Arkansas	52	30	15	51	36	13
California	230	170	44	269	199	49
Colorado	64	45	15	68	51	15
Connecticut	49	43	3	51	44	4
Delaware	11	9	2	11	11	..
Dist. of Columbia	23	22	..	21	21	..
Florida	65	40	21	71	55	12
Georgia	87	50	22	84	62	17
Idaho	24	12	7	38	29	6
Illinois	255	170	68	262	189	59
Indiana	95	60	28	105	75	23
Iowa	116	65	38	129	82	37
Kansas	86	52	27	96	67	24
Kentucky	76	34	39	83	54	27
Louisiana	49	34	12	51	38	11
Maine	42	21	17	53	36	16
Maryland	59	38	13	55	40	11
Massachusetts	192	138	27	187	163	17
Michigan	148	102	39	180	133	36
Minnesota	132	84	31	156	109	29
Mississippi	55	24	28	62	40	18
Missouri	100	73	19	107	82	13
Montana	31	19	11	42	27	11
Nebraska	61	39	15	81	57	18
Nevada	5	1	2	13	4	6
New Hampshire	32	21	6	34	28	3
New Jersey	116	95	18	122	102	14
New Mexico	27	19	7	34	26	6
New York	402	331	52	422	371	35
North Carolina	109	63	38	116	85	21
North Dakota	31	14	14	35	20	12
Ohio	194	126	46	187	143	31
Oklahoma	93	50	34	101	63	35
Oregon	44	28	14	55	32	19
Pennsylvania	283	229	42	274	238	28
Rhode Island	21	15	4	18	18	..
South Carolina	43	25	13	44	31	11
South Dakota	46	26	15	43	27	11
Tennessee	75	39	23	75	54	15
Texas	211	122	76	231	151	64
Utah	16	10	5	28	21	5
Vermont	20	14	4	23	20	2
Virginia	87	58	23	90	73	14
Washington	71	43	20	83	56	16
West Virginia	62	38	21	66	45	19
Wisconsin	133	74	44	145	91	34
Wyoming	16	9	5	23	12	6
Totals	4,324	2,878	1,089	4,677	3,487	892

Generally, the radiologic laboratories are more frequently supervised by specially qualified physicians than are the clinical laboratories.

DENTISTS CONNECTED WITH HOSPITALS

Nine hundred and sixty-eight hospitals reported that they have dentists in attendance. The number of dentists reported as having connections with hospitals is 3,018. There are 82 dental interns and 23 resident dentists.

SCHOOLS OF NURSING

In the list of registered hospitals contained in this issue, those schools of nursing that are accredited by the state board of nurse examiners are marked with a small diamond; those that are recognized for affiliated courses in nursing are marked with a dot in a circle.

Information regarding the schools of nursing was supplied by the hospitals themselves; their standing with the state boards of nurse examiners was attested by the respective boards in all states as of Jan. 1, 1934.

There is a total of 1,760 schools of nursing, of which 1,606 have been reported as state accredited and 154 unaccredited. The number of students enrolled was not ascertained in this census but was found to be increasing according to the annual census for 1932. At that time there were 1,934 schools of nursing, of which 1,656 were accredited and 278 unaccredited. At that time the student enrolment in all of the 1,934 schools of nursing was 86,649.

SUPERINTENDENTS OF HOSPITALS

In 1933, 36 per cent of all hospital executives were physicians, 40 per cent were nurses and 24 per cent were laymen; in 1926, 38 per cent were physicians, 24 per cent were nurses and 37 per cent were laymen. There is an apparent tendency for physicians and nurses to occupy these positions. As a general rule, physicians are found occupying these positions in the larger hospitals, nurses in the smaller hospitals, and laymen acting as superintendents in the average sized hospitals. There are quite a few exceptions to this rule.

Superintendents of Hospitals

State	M.D.	R.N.	Lay	Total	Changes Past Year
Alabama	27	47	11	86	7
Arizona	38	10	18	66	6
Arkansas	27	23	19	70	4
California	136	145	116	399	21
Colorado	37	33	30	100	11
Connecticut	34	29	22	85	9
Delaware	4	6	4	14	2
District of Columbia	18	7	8	33	3
Florida	28	41	22	91	11
Georgia	54	35	22	111	10
Idaho	25	16	12	53	10
Illinois	89	150	87	327	32
Indiana	37	61	43	141	14
Iowa	47	81	39	167	25
Kansas	34	66	26	127	14
Kentucky	45	41	17	104	6
Louisiana	23	26	13	62	5
Maine	23	42	5	70	8
Maryland	38	28	19	85	8
Massachusetts	103	135	42	280	18
Michigan	92	100	48	240	14
Minnesota	82	85	48	215	12
Mississippi	40	27	8	75	5
Missouri	66	49	33	148	23
Montana	18	26	17	62	9
Nebraska	41	41	22	104	8
Nevada	11	2	6	19	1
New Hampshire	8	30	7	45	3
New Jersey	62	55	57	174	15
New Mexico	24	11	11	46	3
New York	222	218	159	602	43
North Carolina	58	68	28	155	1
North Dakota	15	24	14	53	..
Ohio	86	105	77	268	26
Oklahoma	51	39	31	121	16
Oregon	24	37	15	76	8
Pennsylvania	110	137	123	372	27
Rhode Island	13	6	13	32	..
South Carolina	22	27	14	63	2
South Dakota	23	24	18	65	8
Tennessee	54	31	18	103	2
Texas	109	130	55	296	21
Utah	20	5	10	35	6
Vermont	10	20	2	32	3
Virginia	42	53	16	111	13
Washington	41	48	34	123	13
West Virginia	38	29	10	78	15
Wisconsin	50	97	77	225	16
Wyoming	13	13	2	28	1
Totals 1933	2,312	2,559	1,548	6,437	538
1926	2,648	1,676	2,528	6,896	

A change of superintendents was made in 538 hospitals last year.

OUTPATIENT DEPARTMENTS

The rather complete statistics on the outpatient departments gathered in the annual census of 1927 afford a means of comparison with the still more complete figures resulting from the present survey. An opportunity is also afforded to observe the effect of a serious business depression on the attendance at outpatient departments. In reading these figures it should be borne in mind that only outpatient departments that are operated by hospitals or those that are closely affiliated are included.

Outpatient Departments Comparing 1927 and 1933

State	Number of Outpatient Departments		Number of Outpatients		Number of Visits by Outpatients	
	1927	1933	1927	1933	1927	1933
Alabama	34	27	83,337	95,658	95,391	367,473
Arizona	41	27	171,592	77,299	33,088	257,359
Arkansas	17	20	8,043	32,135	10,343	56,890
California	116	133	558,569	538,499	762,819	2,204,870
Colorado	26	34	36,868	72,639	56,408	172,401
Connecticut	20	33	60,109	68,514	82,903	276,399
Delaware	10	10	20,346	19,807	3,424	52,592
District of Columbia	20	18	46,957	193,324	139,499	277,172
Florida	28	35	23,453	61,166	60,824	206,731
Georgia	35	46	184,654	187,903	335,926	814,159
Idaho	13	13	2,555	6,943	6,205	25,260
Illinois	97	112	357,044	514,182	471,363	2,772,437
Indiana	38	40	51,301	189,426	87,960	347,975
Iowa	35	37	44,551	50,933	52,576	156,568
Kansas	39	38	87,787	101,253	24,345	334,824
Kentucky	43	35	61,396	95,951	23,821	233,897
Louisiana	25	19	318,490	139,045	220,891	559,785
Maine	19	29	23,420	40,197	42,637	121,400
Maryland	43	37	111,089	240,806	476,891	729,973
Massachusetts	113	125	271,950	581,206	1,059,847	1,953,854
Michigan	73	98	275,443	304,890	710,568	1,337,545
Minnesota	49	49	145,356	161,091	223,491	484,337
Mississippi	20	24	34,048	42,770	27,803	79,202
Missouri	43	49	122,718	162,830	378,590	915,784
Montana	19	18	85,059	36,393	31,578	83,262
Nebraska	24	16	25,766	26,420	62,556	60,599
Nevada	7	6	6,994	4,395	14,863	44,615
New Hampshire	18	22	5,841	11,834	23,507	29,049
New Jersey	89	97	256,210	557,952	408,258	1,400,808
New Mexico	21	20	31,342	52,225	25,780	149,121
New York	216	267	1,528,776	2,165,711	3,907,752	7,743,191
North Carolina	65	75	62,922	148,783	82,282	240,305
North Dakota	8	9	8,117	33,037	965	27,464
Ohio	84	91	116,097	435,525	708,793	1,205,732
Oklahoma	34	42	73,611	139,669	106,007	350,501
Oregon	15	18	22,572	27,376	5,335	159,241
Pennsylvania	199	202	723,640	985,999	2,163,024	3,541,626
Rhode Island	18	16	40,788	58,670	124,499	268,293
South Carolina	18	30	39,509	52,416	63,579	158,351
South Dakota	18	19	22,194	31,308	50,599	103,836
Tennessee	27	37	81,343	131,231	153,281	411,329
Texas	73	77	196,315	202,089	179,867	854,673
Utah	8	12	32,221	6,754	19,145	64,559
Vermont	10	10	4,273	4,958	3,461	2,703
Virginia	40	46	94,689	88,732	129,666	323,484
Washington	41	35	67,953	118,082	51,680	293,636
West Virginia	28	39	40,660	77,222	42,717	131,367
Wisconsin	42	50	64,893	126,726	54,543	399,911
Wyoming	11	9	17,527	17,453	3,216	35,534
Totals	2,130	2,351	6,750,388	9,519,427	13,804,566	32,822,077

The accompanying tables tell the number of outpatient departments, the number of outpatients, and the number of visits made by those patients, during the years 1927 and 1933, respectively. While the number of outpatient departments increased in that time from 2,130 to 2,351, or only 10 per cent, the number of patients increased 41 per cent, or from 6,750,388 to 9,519,427. The number of visits by outpatients increased 138 per cent, or from 13,804,566 to 32,822,077. Reference to the accompanying table will show the increase in number of departments, number of patients, and number of visits, both actual and by percentages, for different geographic sections of the country. The North Atlantic, South Atlantic and North Central States made the largest showing in the percentage of increase in departments, number of patients and number of visits. The South Central and Western states show almost no increase in number of outpatient departments and number of outpatients but an extremely heavy increase in the total number of visits.

In respect to the number of departments and volume of work, New York is easily the leader among states,

with its 267 departments, 2,165,711 outpatients and 7,743,191 visits. Pennsylvania reported 202 departments but dropped far behind New York in number of patients and visits. Other states that reported large numbers of departments were California, 133; Massachusetts, 125, and Illinois, 112.

Since the questionnaire that was used in the present census was purposely very brief in order to obtain a high percentage of returns, a definition of outpatient departments was not offered. The questions read simply as follows: "Is there an outpatient department, or dispensary, maintained by the hospital?..... Total number of outpatients last fiscal year..... Total visits by outpatients last fiscal year....." That some hospitals should claim outpatient departments on account of having small special clinics or other small intermittent ambulatory services might be expected. An analysis of the questionnaires on which outpatient departments were recorded shows that among the 2,351 departments 796 had a thousand patients or less for the entire year, 618 had from one thousand to five thousand, 360 had from five thousand to twenty thousand, and 108 had over twenty thousand patients. Four hundred and sixty-nine hospitals did not tell how many patients they had.

Outpatient Departments According to Type of Service

General	1,664
Nervous and mental	120
Tuberculosis	170
Maternity	32
Industrial	92
Children's	37
Eye, ear, nose and throat	34
Orthopedic	38
Institutional	119
All other hospitals	45
Total outpatient departments	2,351

While there has without doubt been a considerable increase in the work of outpatient departments during the last seven years, the present volume of 32,822,077 visits is not so astonishing when one compares it with the inpatient departments, in which the total of the patient days was 295,748,915.

Some outpatient departments have been opened up during the depression to enable the staff to keep in closer touch with financially affected patients who might otherwise go to free clinics. On the other hand, some hospitals have closed their outpatient departments in order to cut down expenses.

The use of the outpatient departments for instruction purposes may be measured somewhat by the fact that a large majority of the 539 general hospitals that are approved for internships have outpatient departments in which valuable experience is gained by interns and by resident and attending physicians.

Hospitals Not Registered by the American Medical Association

Alabama	5	Maine	6	Oklahoma	19
Arizona	3	Maryland	4	Oregon	12
Arkansas	9	Massachusetts	13	Pennsylvania	24
California	83	Michigan	17	Rhode Island	1
Colorado	20	Minnesota	7	South Carolina	2
Connecticut	1	Mississippi	2	South Dakota	3
Delaware	..	Missouri	29	Tennessee	9
Dist. of Columbia	..	Montana	6	Texas	25
Florida	20	Nebraska	25	Utah	..
Georgia	1	Nevada	1	Vermont	..
Idaho	3	New Hampshire	1	Virginia	3
Illinois	41	New Jersey	6	Washington	18
Indiana	20	New Mexico	..	West Virginia	2
Iowa	17	New York	30	Wisconsin	10
Kansas	26	North Carolina	7	Wyoming	3
Kentucky	12	North Dakota	3		
Louisiana	1	Ohio	26	Totals	576

METHODS OF REGISTERING AND APPROVING HOSPITALS

The inclusion of any hospital in the Register is an indication that evidence concerning irregular or unsafe practices in that hospital has not been available to the Council on Medical Education and Hospitals. Considerable investigation is carried out in the case of each hospital before it is admitted to the Register.

First, hospitals supply information regarding their capacity, equipment, classification and list of staff. Each member of the staff is then looked up in the biographic files of the Association. Information and advice are obtained from the secretaries and other members of the county medical societies, from state, city or county health departments, from the councilors

Increase in Outpatient Departments According to Geographic Districts

	Outpatient Departments		Per Cent of Increase	Number of Patients		Per Cent of Increase	Number of Visits		Per Cent of Increase
	1927	1933		1927	1933		1927	1933	
NORTH ATLANTIC STATES (Conn., Me., Mass., N. H., N. J., N. Y., Pa., R. I., Vt.)	702	801	14	2,915,007	4,475,041	53	7,815,888	15,337,323	96
SOUTH ATLANTIC STATES (Del., D. C., Fla., Ga., Md., N. C., S. C., Va., W. Va.)	287	336	17	624,279	1,070,159	71	1,334,808	2,934,134	120
NORTH CENTRAL STATES (Ill., Ind., Ia., Kan., Mich., Minn., Mo., Neb., N. D., Ohio, S. D., Wis.	550	608	10	1,321,267	2,137,621	62	2,826,349	8,147,012	188
SOUTH CENTRAL STATES (Ala., Ark., Ky., La., Miss., Okla., Tenn., Texas	273	281	3	856,583	878,548	3	817,404	2,913,750	257
WESTERN STATES (Ariz., Calif., Colo., Idaho, Mont., Nev., N. M., Ore., Utah, Wash., Wyo.	318	325	2	1,033,252	958,058	8*	1,010,117	3,489,858	245
	2,130	2,351	10	6,750,388	9,519,427	41	13,804,566	32,822,077	138

* Decrease.

Hospitals, Sanatoriums and Related Institutions

	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Births
Hospitals and sanatoriums	5,028	856,824	50,034	6,622,305	668,195	698,074
Related institutions	1,409	170,222	2,430	415,677	142,076	11,202
Total registered hospitals	6,437	1,027,046	52,464	7,037,982	810,271	709,276

of the state medical associations for the district in which the hospital is located, and from other sources. Investigation of hospitals for internship and residency approval is more comprehensive than for registration.

A personal visit by a member of our staff of hospital examiners is made to each hospital approved, or applying for approval, for internships or for residencies. An increasing number of other hospitals are being inspected.

HOSPITALS REFUSED REGISTRATION

There are 576 institutions which, because of alleged unethical or questionable practices, admission to their staffs of members who are seriously unqualified, either morally or professionally, flagrant methods of advertising or for other valid reasons, are deemed unworthy of being included in any published list of reputable hospitals. The 576 unregistered institutions have only 16,685 beds, or 1.6 per cent of all hospital beds.

MATTERS OF INTEREST TO HOSPITALS TRAINING RESIDENTS OR INTERNS

Since the appearance of the last Hospital Number of THE JOURNAL, a few changes in methods have occurred affecting residency and internship approval which are of interest to hospitals. These new methods are designed to achieve more accurate registration of credit for internships and residencies served, or other desired results.

RESIDENCY APPROVAL

The most conspicuous changes in the past year have occurred in the field of residency training. Certification of specialists occupies, at present, a position of considerable importance in the eyes of the entire medical profession. The part that hospitals now play in the training of specialists is fully acknowledged. Many institutions offer extremely advantageous opportunities to physicians who expect to enter a limited field of practice.

It is not the Council's intention to emphasize unduly or to stimulate the production of specialists. It has been felt, however, that periods of residency will be acceptable to special examining boards only as they fulfil certain basic requirements. It was to satisfy this obvious need, then, that revised regulations for the government of residency services in hospitals were adopted. The new "Essentials" will be sent on request.

The biographic file maintained by the American Medical Association covers every physician in the United States and is designed to provide a verified statement of his entire medical education, including internships and residencies. It will, if necessary, include records of other postgraduate work that may affect the qualifications of physicians in special fields. This body of information cannot be duplicated elsewhere, and it is reasonable to assume that examining boards may need to refer to it rather frequently for verification of submitted data.

Proper and accurate recording of the service of residents is of considerable importance and involves reporting the required information by all approved hospitals each year. It will be the practice, then, to receive annual statements from all institutions approved by the Council, as a basis for continued approval of residencies and as a means of keeping biographic data up to date. Internship hospitals have submitted statements of this nature for the past half dozen years.

INDIVIDUAL INVESTIGATIONS OF RESIDENCIES

Whereas formerly an institution was granted blanket approval of all residencies it might undertake to offer, now approval is extended only to individual residencies that have undergone individual scrutiny. Investigation of these positions is going on at the present time, by the annual report method for residencies previously approved, by application blanks for residencies wishing to be approved, and by visits to hospitals by the Council's staff of hospital inspectors.

Application blanks for residency approval are carefully examined to determine the degree of compliance with the present regulations. In most instances, a personal visit by one of the staff precedes approval.

RESIDENCES IN PSYCHIATRIC AND TUBERCULOSIS HOSPITALS

The Council, in revising its residency regulations, realized that special hospitals, particularly psychiatric and tuberculosis institutions, provide excellent opportunities for special medical training, and that employment of personnel is on a different basis than residency appointments in general hospitals. The provision was made, in consequence, that the first three years of employment in a special hospital would be considered as a period of training and would qualify for the approval of the Council as a residency.

MIXED RESIDENCIES

At a recent meeting of the Council, it was decided that recognition may be extended to a classification known as "mixed residencies." This type of experience is expected to provide additional training for men who expect to go into general practice, as well as a broader basis for those who will limit their practice later on. A hospital desiring approval for mixed residencies must comply in all respects with the basic regulations for all residencies.

INTERNSHIP APPROVAL

There have been no concrete revisions in rulings of the Council in respect to internships alone. A number of trends have developed which have served to indicate that the character of intern training is changing. Consideration of these changes customarily takes place in the Educational Number of THE JOURNAL.

CHANGES IN METHOD OF LISTING APPROVED HOSPITALS

In the last Educational Number of THE JOURNAL, hospitals approved for residencies were grouped according to specialties. This represented a considerable advance in convenience at some sacrifice of information contained in former lists.

The Council has felt that additional information could well be given in its list of approved internship hospitals. It was thought that the intern, in consulting this list, should obtain some knowledge as to the proportion to total admissions which charity patients hold. This, of course, is in consideration of the advantages in teaching which interns obtain from this group of patients. It was also the general opinion that the list should indicate whether the internship is of the straight, mixed or full rotating type. Suitable data are now being received from all approved hospitals which will make such additions possible.

WHEN WITHDRAWAL OF COUNCIL APPROVAL BECOMES NECESSARY

There is often some misunderstanding or lack of information about the reasons for withdrawing Council approval of residencies or internships. These reasons may be set down here in order of frequency, with explanatory notations:

1. Approval is withdrawn, naturally, when a hospital abandons its teaching program. It is also withdrawn when a hospital, for any reason, does not make its internships or residencies continuously available to applicants. This policy is necessary in order to keep the lists of approved hospitals accurate, and to avoid many useless applications by eligible candidates. The Council, in reality, is approving opportunities for training, governed by certain established regulations, and if these are not complied with, extension of approval is misleading and misdirected.

2. Approval is withdrawn when hospitals employ in any capacity irregular or cult practitioners, or use graduates of unrecognized medical schools as interns or residents. The reasons for this step are quite obvious. Most violations in this class are matters of carelessness on the part of administrators or intern committee. The Council has supplied all approved hospitals on several occasions with lists of approved medical colleges and there is now no plausible excuse for inadvertent selection of unqualified interns.

3. Notable departures from the established rulings governing the actual teaching of house officers result in withdrawal of approval. Hospitals find most difficulty in observing the 15 per cent necropsy requirement, the presentation of clinical pathologic conferences, and the provision of suitable library facilities for the house staff.

REVISION IN COMPUTATION OF NECROPSIES

In view of handicaps under which certain metropolitan hospitals labor, a change was made in the Council's method of necropsy computation. All bodies removed from hospitals by coroners or medical examiners and, in consequence, not available for necropsy performance in the presence of the interns, are not to be counted either as deaths or as necropsies. This will include all bodies removed from hospitals and directed to medical schools for dissection.

It will be remembered that the Council has disregarded stillbirths, either as deaths or as necropsies, in these computations. All other deaths and all other necropsies should be counted.

USE OF GRADUATES FROM FOREIGN MEDICAL SCHOOLS AS INTERNS

Frequent inquiry is made as to the Council's attitude with respect to employment of foreign medical graduates as interns in approved hospitals. The Council is not in a position to endorse the educational qualifications of graduates of any foreign medical schools. It therefore recommends that graduates of approved medical schools in the United States and Canada should receive first choice in the selection of interns.

ESSENTIALS OF A REGISTERED HOSPITAL

Prepared by the Council on Medical Education and Hospitals of the American Medical Association

General Statement.—The American Medical Association gives recognition to hospitals by admitting to the Hospital Register those that are found to qualify according to the essentials contained in the following paragraphs.

Registration is a basic distinction between all recognized hospitals and those that are refused recognition. It is a prerequisite to the consideration of a hospital for approval for interns or for residencies in specialties.

The registration of hospitals, the approval of hospitals for interns, approval for residencies in specialties, and all other service of the Association regarding hospitals is carried on by the Council on Medical Education and Hospitals.

It is the desire of the Council to cooperate in every way for the improvement of hospital service, whereby the sick and injured may be provided with scientific and ethical medical care.

The Council does not have nor does it assume legal authority over any hospital. It recognizes clearly that the officers in charge of such institutions have the unquestioned right to conduct the hospitals in any way they may deem wise. If a hospital desires to have its name appear on the American Medical Association Hospital Register and thus have the endorsement of that Association, it should be willing to comply with the principles which the Council on Medical Education and Hospitals considers necessary.

Essentials of a Registered Hospital.—Hospitals seeking admission to the register should have the following qualifications:

1. *Organization.*—The organization should consist of a board of trustees or other supreme governing body having final authority and responsibility and an executive officer or superintendent to carry out the policies adopted by the governing body. The executive officer should be assisted by adequate competent personnel.

Regardless of the form of organization, the hospital should function primarily in the interests of the sick and injured of the community.

2. *Staff.*—This constitutes the most important essential. The staff should be organized and composed of regular physicians who are properly qualified as to training, licensure and ethical standing.

Staff membership and the use of the hospital's facilities must be limited to doctors in medicine. Where cult practitioners, osteopaths, chiropractors or other healers outside the scope of regular medicine are allowed to use the hospital's diagnostic facilities, to prescribe for or treat patients in the hospital, or to enter orders or other data on the case records, such a hospital obviously cannot be recognized or endorsed by the American Medical Association.

Regular staff conferences should be held at least monthly and preferably more often. All deaths that occur during the period intervening between meetings, perplexing cases, and patients who do not respond to treatment should be discussed. When postmortem examinations have been performed there should be a presentation of the clinical aspect of the patient and the postmortem observations. Interesting pathological specimens from surgery or removed at postmortem should be presented and discussed with regard to the preoperative or antemortem findings.

Minutes of staff conferences should be kept and filed with the hospital records. The activity of the staff as to scientific meetings and clinical and pathologic conferences is an index to the scientific mindedness and progressiveness of the group.

3. *Nurses.*—A competent nursing staff should be provided by employing an adequate number of registered nurses who are graduates of schools of nursing recognized by the state board of nurse examiners, or by maintaining such a school.

All nursing should be supervised by qualified registered graduates.

4. *Records.*—An adequate record system should be maintained. No particular system or set of forms is recommended, since requirements are not the same under varying circumstances. The average case record should include at least a brief medical

history, physical examination, laboratory reports, diagnosis, operative record, progress notes, nurses' notes and summary. Case records should be complete in every department and reviewed and signed by the attending physicians before they are placed in the permanent file. Roentgenologic interpretations, pathologic descriptions and diagnoses of tissues removed in the operating room, and (when an autopsy has been performed) a description of postmortem observations, should be included with the patient's record.

Case histories and physical examinations should be recorded in the patient's chart within twenty-four hours after the patient has been admitted to the hospital. A patient should not be operated on, except in the case of emergency, when the history, physical examination and routine laboratory work have not been completely recorded in the chart. The duty of recording these data falls on the attending physician and he should be held directly responsible for the case records.

Monthly and annual analyses of hospital service should be made in order that the staff may be in a position to improve its service.

5. *Pharmacy.*—The handling of drugs should be adequately supervised and should comply with state laws.

6. *Pathology.*—All tissues removed in the operating room should be examined, described and diagnosed by a competent pathologist excepting tissues, such as tonsils and teeth, in which the pathologic changes are quite obvious.

A physician-pathologist should be employed on a full time or part time basis. When this is not practicable, arrangements should be made with a consulting pathologist for tissue diagnosis, postmortem work and the interpretation of the more complicated tests and determinations in clinical and surgical pathology, as well as in general clinical laboratory work. The pathologist preferably should be one listed by the Council on Medical Education and Hospitals of the American Medical Association. The Council's list of physicians specializing in clinical pathology or pathology is available on application.

Autopsies.—Every effort should be made to secure consent for autopsies, which should be performed by a pathologist or the best qualified other physician available.

7. *Radiology.*—The hospital should provide or have ready access to radiologic equipment and service. When a full time or part time physician-roentgenologist cannot be employed, the services of such a consultant should be secured. Radiologic interpretations must be made only by a competent roentgenologist. A description of the roentgenologic examinations should be placed in the patient's chart. The physician-roentgenologist preferably should be one listed by the Council on Medical Education and Hospitals of the American Medical Association.

A list of physicians specializing in radiology and roentgenology is available on application.

8. *Ethics.*—In order that a hospital may be eligible for registration it will, of course, be expected that the staff and management conform to the principles of medical ethics of the American Medical Association with regard to advertising, commissions, division of fees, secret remedies, extravagant claims, over-commercialization and in all other respects.

ESSENTIALS IN A HOSPITAL APPROVED FOR INTERNS

Prepared by the Council on Medical Education and Hospitals of the American Medical Association

I. Hospitals Eligible for Approval

Only general hospitals are eligible which have at least 100 beds with a minimum daily average of 75 patients, and which provide a variety of medical, surgical, obstetrical and pediatric patients either in the hospital proper or through suitable affiliations with other institutions.

II. The Hospital Staff

1. CHARACTER OF STAFF.—There must be an organized staff of ethical physicians who hold the degree of doctor of medicine from acceptable medical schools; who are of unquestioned professional and moral integrity; who are proficient in general practice or in the special fields to which they devote themselves; who give personal attention to the patients under their charge and who will provide adequate facilities, instruction and that sympathetic cooperation without which interns and graduate students cannot obtain the practical training for which they are serving the hospital.

2. GRADUATES IN MEDICINE.—The hospital must not only confine membership on its staff to reputable practitioners who have received the degree of doctor of medicine from medical schools considered acceptable by the Council on Medical Education and Hospitals of the American Medical Association, but also must apply this ruling to every person permitted to treat or prescribe for the sick in the hospital or in any of its departments. The ruling does not apply to the treatment of patients by nurses, masseurs, and other like assistants, when acting under the orders of any physician on the attending staff.

3. STAFF CONFERENCES.—The hospital staff shall conduct a regular monthly staff conference at which the work of the various hospital departments is considered and where interesting hospital cases and selected autopsy reports may be presented for general discussion. The interns should be expected to attend these meetings and take an active part.

III. Laboratory

1. EQUIPMENT.—There must be a clinical laboratory in the hospital equipped for the ordinary routine tests, and for the more technical bacteriologic, serologic, chemical, basal metabolic, and tissue examinations. A competent physician-pathologist must be in charge of the laboratory, who shall supervise the work in general and personally examine all tissues from the operating rooms and furnish reports of gross or microscopic findings as indicated. Records must be kept in the laboratory of all work carried out by the department, and copies should be filed with the patient's clinical record.

2. AUTOPSIES.—Inasmuch as the percent of autopsies has come to be recognized as an index of the educational activities in a hospital, no institution will be approved for the training of interns which does not have a record of autopsies of at least 15 per cent. The autopsies preferably should be performed in the hospital by or under the supervision of the hospital pathologist who has special knowledge of this type of work and who can furnish reports that include a summary of the clinical record and a detailed description of gross and miscroscopic findings.

3. AUTOPSY ROOM.—The hospital must provide an autopsy room where postmortem examinations can be held in the presence of staff members and interns.

IV. Department of Radiology

This department must be equipped for at least roentgenographic and roentgenoscopic procedures and must be directed by a physician-roentgenologist who is properly qualified for the work which the department purports to do. Records of the work carried out must be on file in the department, and copies should be filed with the clinical charts.

V. Medical Library

There must be a working medical library, in charge of a librarian, which should contain a useful selection of late editions of standard text and reference books and current files of not less than ten of the better medical journals. The library should be inside the hospital building and be located where it is readily accessible to the interns and staff members. Collections of choice reference books in pathology and clinical diagnosis and in roentgen-ray work should be found respectively in the pathologic and roentgenologic departments.

VI. Histories

1. COMPLETE HISTORIES.—There must be complete histories, giving the patient's complaint, physical examination at time of admission to the hospital, preliminary diagnosis, laboratory

findings, description of operation, if any, progress notes, final diagnosis, condition on discharge and, in case of death, autopsy findings if secured.

2. ENDORSEMENT OF HISTORIES.—The histories should show by signatures or initials all persons writing them or parts thereof, as well as the staff members by whom the histories are verified. Likewise, all orders and progress notes should be initialed or signed.

3. RECORDS.—A competent clerk should have charge of the records pertaining to patients. To be of educational value the records must be so handled as to be readily accessible when desired for special study or reference work. There should be an alphabetical index of patients with cross files according to diagnoses, operations, etc. Lists should also be kept of patients according to departments, i. e., medical, surgical, obstetrical, pediatric, genito-urinary, gynecological, eye, ear, nose and throat, tuberculosis, etc., and of hospital days or daily average of patients, deaths and autopsies (under 48 hours and over 48 hours). Histories should be filed so as to be easily accessible. Complete monthly reports and annual summaries should be prepared covering the various hospital departments.

VII. Interns

1. PURPOSE OF INTERNSHIP.—It is emphasized that the object of the general internship is to round out the medical graduate's training so as to enable him to enter into the general practice of medicine and not to equip him to enter directly on any specialty. For the latter he should obtain further and different instruction.

2. INTERN SCHEDULE.—The intern service should cover at least twelve months and should be so arranged as to furnish the interns adequate instruction in medicine, pediatrics, obstetrics, surgery and in the laboratory and x-ray departments. The interns should be selected from medical colleges rated in class A by the Council on Medical Education and Hospitals.

3. WORK OF THE INTERNS.

(a) *Histories.*—The interns should personally record a history, a physical examination and their own diagnosis on private and ward patients on their service. The attending physician should in each instance check the intern's work, call attention to errors and supplement the clinical records with any additional findings. The interns in following the progress of the patient should enter progress notes on the chart and the patient's condition on discharge. When a hospital has a shortage of interns a provision should be made whereby the interns on duty may not be burdened by an unreasonable amount of history writing. In such instances it is recommended that a definite number of cases be assigned to the intern and that the other charts be completed by the attending physicians.

It is especially emphasized that surgical charts should be completed promptly and except in emergencies before the patient is taken to the operating room. Unless this is done the educational value of the intern's work is considerably lessened.

(b) *Medical Department.*—This department should afford the interns an adequate amount of instruction in general medicine and pediatrics. Preferably there should also be facilities for the study of tuberculous, neuropsychiatric and contagious patients. In connection with the work in this department it is recommended that the interns be instructed in the feeding of both infants and adults as required in various diseases, and that they obtain a reasonable amount of technical experience under a trained dietitian.

(c) *Obstetrical Department.*—The intern should obtain practical experience in this department by personally delivering at least ten patients while on the service. He should assist at all other deliveries and not act as anesthetist for maternity patients while assigned to this department.

(d) *Surgical Department.*—It should be impressed upon the interns that it is more important for them to acquire skill in diagnosis and postoperative treatment than to learn technical operative procedures. However, in order that the interns may follow their cases closely they should be permitted to act as first assistant in the operating room whenever possible. To stimulate further interest on the part of the interns, it is also advisable, when an opportunity presents itself, to permit them to perform surgical procedures under constant supervision. Surgical dressings should be assigned to the intern so that he may observe carefully the postoperative course.

The intern should obtain instruction and experience in the administration of the various kinds of anesthetics under the supervision of experienced anesthetists.

(e) *Laboratory Department.*—The intern should have a definite laboratory course wherein he renews his acquaintance with routine examinations and gains instruction from the pathologist regarding the more technical procedures and tissue diagnoses. Interns in the hospital should be present and assist at autopsy procedures when possible, and should receive instruction in technic and in interpretation of findings. Every effort should be made that other assignments may not interfere with the interns' attendance.

(f) *X-Ray Department.*—The roentgenologist should instruct the interns by lectures and demonstrations in the technical, diagnostic and therapeutic use of x-rays.

(g) *Outpatient Department.*—When facilities are available in the outpatient department a regular service should be instituted for the interns if practicable, or else the work in this department should be carried out in conjunction with the respective services in the hospital.

4. INSTRUCTION OF INTERNS.—All attending physicians should allow sufficient time at rounds to check the interns' work and to instruct them in connection with their patients. Special attention should be given at this time to dangerously ill patients, and the advice of other physicians on the staff should also be sought.

At least a weekly period should be arranged for conducting clinical-pathological conferences, x-ray lectures or other special lectures or clinics for the interns.

The interns should be encouraged to read medical literature in connection with their patients and should preferably be assigned articles in the medical journals for special study and report.

5. RECORDS OF INTERNS' WORK.—State medical examining boards, medical schools and other agencies often desire detailed information regarding the interns' training and, therefore, each hospital should keep a weekly or monthly record of each intern's work. This information is most conveniently supplied to the superintendent or record office by the interns themselves on special forms where space is provided for the following: period covered; service; number of patients admitted on service; number of histories and physical examinations; number of anesthetics given; number of operations assisted at; number performed; number of deliveries attended; number performed; autopsies attended; hours in laboratory; lectures attended; clinics attended, etc.

6. RULES REGARDING INTERNS.—The hospital should have a set of printed or written rules and regulations defining the rights, duties and privileges of the interns, a copy of which should be furnished to each intern.

7. INTERNS' LIVING QUARTERS.—The hospital shall provide reasonably comfortable living quarters for the interns with opportunities for recreation, both indoor and outdoor, appropriate to the locality and environment of the hospital.

8. FAITHFUL SERVICE FROM INTERN EXPECTED.—For all the privileges granted the intern it is understood that the hospital has the right to expect faithful service in return.

The breaking of contracts by interns will be recorded against their standing in the files of the American Medical Association's office unless the interns can show just cause for such action.

VIII. Admission to the Approved List

1. APPLICATION FOR APPROVAL.—Hospitals that want to be accredited for intern training should apply to the Council on Medical Education and Hospitals of the American Medical Association, 535 North Dearborn Street, Chicago.

2. APPLICATION FOR APPROVAL OF INTERNSHIPS.—Application blanks in duplicate will be supplied on request. These should be filled out carefully by the superintendent or by some staff member who is acquainted with the intern service in the hospital, and one copy returned to the office of the Council.

HOSPITALS REGISTERED BY THE AMERICAN MEDICAL ASSOCIATION

The following list contains the names of 6,437 hospitals, sanatoriums and related institutions that are located in the United States and 215 in the insular possessions. It omits the names of 576 hospitals which, after investigation, were not accepted. The inclusion of the name of any institution may be taken as an indication that evidence concerning irregular or unsafe practices in that institution has not come to the attention of the Council on Medical Education and Hospitals. The list in each state is given in two sections: (1) hospitals and sanatoriums, and (2) related institutions. The related institutions include some general hospitals lacking certain essentials, nursing homes, school infirmaries, prison infirmaries, custodial and other institutions designed to give some medical, nursing or convalescent care in an ethical and acceptable manner, but not strictly hospitals. In the statistics the two classifications are consolidated.

KEY TO SYMBOLS AND ABBREVIATIONS

★ Approved for general internship, the fifth year in medicine, by the Council on Medical Education and Hospitals.

✚ Approved for certain residencies in specialties for graduates in medicine who have already had a general internship or its equivalent in private practice.

◇ School of nursing accredited by state board of nurse examiners.

⊙ Affiliated for nurse training on state accredited basis.

The column headed "Type of Service" tells what diseases or conditions are treated in each institution, as follows:

Ca	Cancer	ENT	Eye, ear, nose and throat	Inst	Institutional	Orth	Orthopedic
Card	Cardiac	Gen	General	Mat	Maternity	SkCa	Skin and cancer
Chil	Children	G&TB	General and tuberculosis	MatCh	Maternity and children	TB	Tuberculosis
Chr	Chronic	Inc	Incurable	MeDe	Mentally deficient	TbIs	Tuberculosis and isolation
Conv	Convalescence and rest	Indus	Industrial	Ment	Mental	TbOr	Tuberculosis and orthopedic
Drug	Drug and alcoholic	Iso	Isolation	N&M	Nervous and mental	Ven	Venereal
Epil	Epileptic						

The column headed "Control" indicates for each institution the ownership, control, or auspices under which it is conducted, as follows:

Chrch	Church	Indep	Independent hospital association	Part	Partnership
CyCo	City and county	I A	Office of Indian Affairs, Department of the Interior	USPH	United States Public Health Service
Co	County				
Fed	Federal	Indiv	Individual	Vet	Veterans Administration Facility
Frat	Fraternal	Indus	Industrial		

ALABAMA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Albertville, 2,716—Marshall								
Sand Mountain Infirm.....	Gen	Indiv	24	2	6	5	66	.....
Alexander City, 4,519—Tallapoosa								
Russell Hospital⊙	Gen	Indiv	54	4	14	8	320	.....
Andalusia, 5,154—Covington								
Covington County Hosp.⊙..	Gen	Co	25	2	..	15	...	.....
Anniston, 22,345—Calhoun								
Garner Hospital◇	Gen	City	66	4	84	22	1,040	.....
Station Hospital	Gen	Army	50	..	..	22	744	2,634
Atmore, 3,035—Escambia								
Atmore General Hospital...	Gen	Indep	24	2	23	5	253	.....
Bellamy, 317—Sumter								
Bellamy Hospital	Gen	Indiv	16	2	8	4	120	.....
Bessemer, 20,721—Jefferson								
Bessemer General Hosp.◇...	Gen	Indep	72	4	33	22	471	.....
Birmingham, 259,678—Jefferson								
Birmingham Baptist Hosp.◇	Gen	Chrch	150	12	..	49	2,189	.....
Children's Hospital✚	Chil	Indep	50	..	..	29	838	4,360
Hill Crest Sanitarium.....	N&M	Indiv	50	..	..	27	278	.....
Hillman Hospital★✚◇	Gen	Co	435	40	1,817	344	8,586	23,949
Jefferson Sanatorium	TB	Co	100	..	..	60	161	.....
Norwood Hospital★◇	Gen	Indep	210	16	84	66	2,889	3,438
St. Vincent's Hospital◇....	Gen	Chrch	113	12	198	60	2,412	.....
South Highlands Infirm.◇..	Gen	Part	137	18	392	60	2,802	.....
Brewton, 2,818—Escambia								
Brewton Memorial Hospital	Gen	Indiv	15	1	..	4	...	.....
Clanton, 1,847—Chilton								
Central Alabama Hospital.	Gen	Indep	30	2	4	12	218	.....
Decatur, 15,593—Morgan								
Benevolent Society Hosp.⊙.	Gen	Indep	44	3	44	19	615	.....
Dothan, 16,046—Houston								
Dr. M. S. Davie's Private Hospital	Gen	Indiv	50	6	..	17	...	.....
Frasier-Ellis Hospital◇	Gen	Part	60	6	40	52	2,376	5,463
Moody Hospital◇	Gen	Indiv	94	6	33	52	1,289	9,477
Enterprise, 3,702—Coffee								
Gibson Hospital	Gen	Indiv	19	2	16	4	177	1,500
Eufaula, 5,208—Barbour								
Britt Infirmary◇	Gen	Indiv	50	4	19	15	320	1,252
Salter Hospital⊙	Gen	Indiv	50	6	11	12	416	.....
Fairfield, 11,059—Jefferson								
Employees' Hospital of the Tennessee Coal, Iron and Railroad Company★	Gen	Indus	287	23	380	147	4,987	8,468
Florala, 2,580—Covington								
Young Infirmary and Lakeview Hospital⊙	Gen	Indiv	40	4	..	11	...	.....
Florence, 11,729—Lauderdale								
Eliza Coffee Mem. Hosp....	Gen	City	60	6	32	14	698	.....
Gadsden, 24,042—Etowah								
Forrest General Hospital⊙..	Gen	Indep	85	12	42	27	840	1,030
Holy Name of Jesus Hosp.◇	Gen	Chrch	75	6	61	30	1,775	.....
Greenville, 3,985—Butler								
Speir's Hospital	Gen	Indiv	35	5	11	5	139	1,500
Stabler Infirmary	Gen	Indiv	20	3	18	10	251	.....

ALABAMA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Huntsville, 11,554—Madison								
Huntsville Hospital⊙	Gen	Indep	75	8	51	15	760	.....
Jackson, 1,828—Clarke								
South Alabama Infirmary..	Gen	Indiv	14	4	..	4	...	.....
Jasper, 5,313—Walker								
Walker County Hospital⊙..	Gen	Indep	45	2	49	30	1,036	.....
Langdale, 510—Chambers								
Langdale Hospital	Surg	Indus	15	..	..	5	.....	.....
Mobile, 68,202—Mobile								
City Hospital◇	Gen	City	124	18	312	95	2,500	11,844
Mobile County Tuber. Sanitarium	TB	Indep	60	..	..	38	23	.....
Mobile Infirmary◇	Gen	Indep	90	10	107	30	1,412	.....
Providence Infirmary◇	Gen	Chrch	100	12	86	31	1,060	.....
U. S. Marine Hospital.....	Gen	USPH	114	..	..	90	817	2,476
Montgomery, 66,079—Montgomery								
Highland Park Sanat.⊙....	Gen	Indiv	40	12	159	20	1,072	458
Montgomery Tuber. Sanat..	TB	Indep	60	..	...	38	55	.....
St. Margaret's Hospital◇...	Gen	Chrch	125	14	236	75	3,102	.....
Station Hospital	Gen	Army	25	5	14	11	452	3,816
Mt. Vernon, 810—Mobile								
Searcy Hospital (col.).....	Ment	State	1,500	..	..	1,463	443	.....
Opelika, 6,156—Lee								
East Alabama Hospital....	Gen	Indep	30	3	21	6	309	.....
Roanoke, 4,373—Randolph								
Knight Sanatorium	Gen	Indiv	32	3	9	11	219	.....
Scottsboro, 2,304—Jackson								
Hodges Hospital	Gen	Indiv	20	2	6	10	100	.....
Selma, 18,012—Dallas								
Burwell Infirmary (col.)....	Gen	Indiv	25	4	..	7	...	.....
Goldsby King Mem. Hosp..	Gen	Indep	52	12	38	24	987	.....
Good Samaritan Hosp. (col.)	Gen	Indep	35	2	15	10	464	.....
Selma Baptist Hospital....	Gen	Chrch	60	7	254	16	1,150	.....
Vaughan Memorial Hosp...	Gen	Indep	50	8	...	12	.....	.....
Sheffield, 6,221—Colbert								
Colbert County Hospital...	Gen	Co	75	2	25	9	498	.....
Sylacauga, 4,115—Talladega								
Drummond Fraser Hospital	Gen	Indus	50	8	82	12	438	4,886
Sylacauga Infirmary⊙	Gen	Indep	46	4	48	11	368	1,560
Talladega, 7,596—Talladega								
Citizens' Hospital⊙	Gen	Indep	50	5	28	13	717	.....
Troy, 6,814—Pike								
Beard Memorial Hospital⊙.	Gen	Part	35	4	18	9	424	.....
Edge Hospital⊙	Gen	Indiv	30	5	24	22	575	193
Tuscaloosa, 20,659—Tuscaloosa								
Bryce Hospital◇	Ment	State	2,927	..	..	2,923	811	.....
Druid City Hospital◇.....	Gen	City	80	8	..	37	1,760	.....
Veterans Admin. Facility...	Gen	Vet	350	..	..	157	1,884	114
Tuskegee, 3,314—Macon								
Veterans Admin. Facility (col.)	Gen	Vet	1,154	..	..	750	1,441	65
Tuskegee Institute, 250—Macon								
John A. Andrew Memorial Hospital (col.)★◇	Gen	Indep	75	5	31	50	2,215	.....

Key to symbols and abbreviations is at top of this page

ALABAMA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Alabama City, 8,544—Etowah								
Etowah Co. Tuber. Sanat..	TB	Co	24	..	..	21	12	.....
Altoona, 1,098—Etowah								
Klein Hospital	Gen	Indiv	12	3	31	4	138	.....
Birmingham, 259,678—Jefferson								
Alabama Boys' Industrial School	Inst	State	30	..	..	4	1,170	.....
Children's Home Hospital (col.)	Gen	Indep	17	3	7	9	409	1,223
Miss Quinn's Nursing Home	Conv	Indep	10	..	..	10	350	.....
Salvation Army Home and Hospital	Mat	Chrch	50	30	95	16	100	.....
Demopolis, 4,037—Marengo								
Hand-Bailey Hospital	Gen	Indiv	14	4	..	..	...	.....
East Tallassee, 2,040—Tallapoosa								
Community Hospital	Gen	Indep	19	1	12	8	167	.....
Greensboro, 1,795—Hale								
Greensboro Hospital	Gen	Indep	8	1	..	3	66	.....
Mobile, 68,602—Mobile								
Allen Memorial Home.....	Mat	Chrch	20	25	134	6	137	.....
Mobile County Poor Asylum Hospital	Inst	Co	20	..	..	16	...	.....
Monroeville, 1,355—Monroe								
Monroeville Infirmary.....	Gen	Indiv	16	..	2	2	116	.....
Montevallo, 1,245—Shelby								
Peterson Hall.....	Inst	State	36	..	..	5	1,361	.....
Montgomery, 66,079—Montgomery								
Eastern Star Hospital.....	Gen	Frat	29	..	..	15	225	.....
Fraternal Hospital (col.)◎.	Gen	Indiv	35	8	60	14	409	.....
Kilby Prison Hospital.....	Inst	State	50	..	..	26	1,387	.....
Miriam Jackson Home.....	Inst	Chrch	25	..	..	4	652	.....
Mountain Creek, 375—Chilton								
Jefferson Manly Falkner Soldiers' Home.....	Inst	State	20	..	..	16	...	.....
Selma, 18,012—Dallas								
Alabama Methodist Orphanage Hospital.....	Inst	Chrch	12	..	..	6	238	.....
Talladega, 7,596—Talladega								
Goodnow Hospital (col.)....	Inst	Indep	18	1	..	3	81	.....
Tuscaloosa, 20,659—Tuscaloosa								
Partlow State School.....	MeDe	State	556	..	..	540	52	.....
Wetumpka, 2,357—Elmore								
State Convict Tuber. Hosp.	TB	State	100	..	..	79	75	.....

Summary for Alabama:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums.....	66	9,701	7,268	71,017
Related institutions.....	22	1,091	799	7,052
Totals.....	88	10,792	8,067	78,069
Refused registration.....	5	187		

ARIZONA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Ajo, 3,050—Pima								
New Cornelia Mines Hosp..	Gen	Indus	30	6	..	8	...	.....
Bisbee, 8,023—Cochise								
Copper Queen Hospital....	Gen	Indus	35	6	82	14	487	.....
Douglas, 9,828—Cochise								
Cochise County Hospital.	Gen	Co	90	6	45	40	802	50
Florence, 1,318—Pinal								
Pinal County Hospital.....	Gen	Co	20	1	..	10	...	.....
Ft. Defiance, 39—Apache								
Ft. Defiance Sanatorium...	TB	I A	26	..	..	28	116	.....
Southern Navajo General Hospital	Gen	I A	82	4	44	79	1,523	2,863
Ft. Huachuca, 1,214—Cochise								
Station Hospital.....	Gen	Army	40	..	11	13	393	4,290
Ganado, 34—Apache								
Sage Memorial Hospital◇..	Gen	Chrch	80	15	40	61	882	517
Globe, 7,157—Gila								
Gila County Hospital.....	Gen	Co	55	5	37	48	464	.....
Jerome, 4,932—Yavapai								
United Verde Copper Company Hospital.....	Gen	Indus	52	4	33	19	584	.....
Keams Canyon, 36—Navajo								
Hopi General Hospital....	Gen	I A	40	5	17	26	633	2,696
Kingman, 2,050—Mohave								
Mohave County Hospital...	Gen	Co	35	5	45	9	207	.....
Leupp, 58—Coconino								
Leupp Indian Hospital.....	Gen	I A	50	1	8	30	809	8,942
Mesa, 3,711—Maricopa								
South Side District Hosp..	Gen	Indep	25	1	23	10	389	.....
Miami, 7,693—Gila								
Miami-Inspiration Hospital	Gen	Indus	40	4	34	8	176	5,440
Morenci, 6,175—Greenlee								
Phelps-Dodge Hospital.....	Gen	Indus	16	3	7	5	180	1,841
Nogales, 6,006—Santa Cruz								
St. Joseph's Hospital.....	Gen	Chrch	24	2	7	5	155	.....
Phoenix, 48,118—Maricopa								
Arizona State Hospital.....	Ment	State	935	..	..	866	250	.....
Booker T. Washington Mem. Hosp. and Sanat. (col.)..	Gen	Indiv	25	8	15	9	127	.....
Good Samaritan Hospital◇	Gen	Chrch	132	18	357	60	2,157	.....
Phoenix Indian Hospital..	Gen	I A	60	3	47	53	917	1,050
Phoenix Indian Sanat.....	TB	I A	130	..	..	112	155	.....
Phoenix Sanatorium	TB	Indiv	75	..	..	10	50	.....
St. Joseph's Hospital★◇...	Gen	Chrch	175	15	393	82	3,686	.....
St. Luke's Home.....	TB	Chrch	85	..	..	32	65	.....

ARIZONA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Prescott, 5,517—Yavapai								
Mercy Hospital	Gen	Chrch	30	8	37	9	377	.....
Pamsetgaaf Sanatorium....	TB	Indiv	30	..	..	12	75	.....
St. Luke's in the Mountains	TB	Chrch	45	..	..	40	...	.....
Ray, 2,450—Pinal								
Ray Hospital	Gen	Indus	20	6	22	6	264	670
Sacaton, 315—Pinal								
Pima Indian Hospital.....	Gen	I A	50	10	48	28	632	1,893
Safford, 1,706—Graham								
Morris-Squibb Hospital.....	Gen	Indiv	20	3	4	5	89	.....
San Carlos, 48—Gila								
San Carlos Indian Hosp..	Gen	I A	30	5	44	22	476	6,329
Sells, 61—Pima								
Indian Oasis Hospital.....	Gen	I A	45	2	12	24	294	1,048
Superior, 2,525—Pinal								
Magma Hospital	Gen	Indus	15	4	2	4	37	1,458
Tuba City, 100—Coconino								
Western Navajo Hospital..	Gen	I A	30	5	15	40	774	3,253
Tucson, 32,506—Pima								
Anson Rest Home.....	TB	Part	30	..	..	19	18	.....
Barfield Sanatorium	TB	Indiv	22	..	..	12	31	.....
Desert Sanatorium and Institute of Research.....	Gen	Indep	80	..	..	35	...	.....
St. Luke's-in-the-Desert Sanitarium	TB	Chrch	35	..	..	18	45	.....
St. Mary's Hospital and Sanatorium◇ .....G&TB		Chrch	160	15	136	98	2,259	.....
St. Xavier Indian Sanat...	TB	I A	35	..	..	27	36	.....
Southern Methodist Hospital and Sanatorium .....G&TB		Chrch	75	12	16	24	209	.....
Southern Pacific Sanat....	TB	Indus	84	..	..	45	67	.....
Veterans Admin. Facility...G&TB		Vet	358	..	..	301	599	911
Valentine, 168—Mohave								
Truxton Canon Indian Hosp.	Gen	I A	12	1	6	3	206	458
Whipple,—Yavapai								
Veterans Admin. Facility...G&TB		Vet	600	..	..	473	1,304	154
Whiteriver, 52—Navajo								
Ft. Apache Agency Hosp..	Gen	I A	60	6	15	24	625	1,379
Williams, 2,166—Coconino								
Williams Hospital	Gen	Indiv	12	2	12	6	115	.....
Yuma, 4,892—Yuma								
Ft. Yuma Indian Hospital.	Gen	I A	33	3	13	9	357	1,800
Yuma County General Hospital	Gen	Co	50	6	50	25	1,200	.....
Related Institutions								
Chin Lee, 65—Apache								
Chin Lee General Hospital	Gen	I A	20	1	..	11	466	.....
Flagstaff, 3,891—Coconino								
Coconino County Hospital	Inst	Co	18	..	..	13	...	.....
Mercy Hospital	Gen	Indiv	14	3	30	8	288	.....
Florence, 1,318—Pinal								
Arizona State Prison Hosp.	Inst	State	30	..	..	12	...	.....
Kayenta, 15—Navajo								
Kayenta Sanatorium	Gen	I A	40	2	..	43	321	1,367
McNary, 114—Apache								
McNary Hospital	Gen	Indus	9	3	..	6	...	200
Phoenix, 48,118—Maricopa								
Harrisholm	Conv	Indiv	7	..	..	5	...	.....
Helen Lee Sanatorium.....	TB	Indiv	8	..	..	6	13	.....
Maricopa County Farm....	Inst	Co	75	..	..	10	...	.....
Maricopa County Tuberculosis Hospital	TB	Co	37	..	..	37	...	.....
Prescott, 5,517—Yavapai								
Yavapai County Hospital.	Inst	Co	80	3	..	62	168	.....
Tucson, 32,506—Pima								
Arizona State Elks Association Hospital	TB	Frat	40	..	..	12	22	.....
Comstock Hospital	TB	Indep	30	..	..	20	75	20
La Casa del Encanto.....	Conv	Indiv	5	..	..	2	2	20
Pima County Hospital....	TB	Co	45	..	..	45	88	.....
Reardon Sanatorium	TB	Indiv	16	..	..	10	21	.....
Wickenburg, 734—Maricopa								
Wickenburg Hospital	Gen	Indiv	11	3	..	4	...	.....

Summary for Arizona:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums.....	50	4,282	2,946	25,809
Related institutions.....	17	415	304	1,669
Totals.....	67	4,697	3,250	27,478
Refused registration.....	3	61		

ARKANSAS

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Alexander, 141—Pulaski								
McRae Memorial Sanatorium (col.)	TB	State	35	..	..	30	50	60
Arkadelphia, 3,380—Clark								
Townsend Hospital	Gen	Indiv	16	4	12	4	146	.....
Batesville, 4,484—Independence								
Dr. Gray's Infirmary.....	Gen	Indiv	14	..	3	4	150	.....
Johnston and Craig Hosp.	Gen	Part	15	..	5	3	186	.....
Bauxite, 2,200—Saline								
Republic Mining and Manufacturing Company Hosp.	Gen	Indus	20	..	15	4	200	.....
Benton, 3,445—Saline								
Blakely's Sanitarium	Gen	Indiv	16	2	21	5	198	.....

Key to symbols and abbreviations is on page 1021

ARKANSAS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Blytheville, 10,098—Mississippi								
Blytheville Hospital	Gen	City	45	3	..	13	...	.....
Camden, 7,273—Ouachita								
Camden Hospital	Gen	Indep	25	9	80	7	411	.....
Charleston, 851—Franklin								
Bollinger Hospital	Gen	Indiv	11	..	7	3	77	.....
Clarksville, 3,031—Johnson								
Johnson County Hospital	Gen	Indep	19	2	..	4	...	.....
Conway, 5,534—Faulkner								
Faulkner County Hospital	Gen	Indep	25	4	9	3	194	250
Crossett, 2,811—Ashley								
Crossett Hospital	Gen	Indus	26	6	27	12	268	2,000
DeQueen, 2,938—Sevier								
Archer Hospital	Gen	Part	22	3	15	6	219	.....
Dumas, 1,669—Desha								
Dumas Hospital	Gen	Indiv	10	1	..	3	...	.....
El Dorado, 16,421—Union								
Henry C. Rosamond Memorial Hospital	Gen	Part	22	10	..	14	...	.....
Warner-Brown Hospital◇	Gen	Chrch	81	8	104	51	2,627	.....
Eureka Springs, 2,276—Carroll								
Don Sawyer Mem. Hospital	Surg	Indep	20	4	..	5	170	.....
Fayetteville, 7,394—Washington								
Fayetteville City Hospital◇	Gen	City	55	6	91	25	1,057	.....
Ft. Smith, 31,429—Sebastian								
St. Edward's Mercy Hosp.◇	Gen	Chrch	100	15	128	50	1,717	.....
St. John's Hospital	Gen	Indiv	55	5	21	23	686	.....
Sparks' Memorial Hospital	Gen	Indep	86	14	43	15	662	.....
Helena, 8,316—Phillips								
Helena Hospital	Gen	Indep	38	4	42	16	743	.....
Hope, 6,008—Hempstead								
Josephine Hospital	Gen	Indiv	23	3	12	4	226	.....
Julia Chester Hospital	Gen	Indep	25	4	14	6	240	.....
Hot Springs National Park, 20,238—Garland								
Army and Navy Gen. Hosp.	Gen	Fed	412	..	8	83	681	.....
Leo N. Levi Mem. Hosp.◇	Gen	Frat	70	3	41	40	680	3,837
Ozark Sanatorium	Gen	Indep	60	3	..	18	...	.....
St. Joseph's Hospital◇	Gen	Chrch	144	6	36	51	1,251	.....
Woodmen of Union Hospital (col.)	Gen	Frat	30	..	..	18	...	.....
Jonesboro, 10,326—Craighead								
St. Bernard's Hospital◇	Gen	Chrch	100	8	63	53	1,447	297
Lake Village, 1,582—Chicot								
Lake Village Infirmary	Gen	Indiv	35	2	20	14	511	.....
Little Rock, 81,679—Pulaski								
Arkansas Children's Home and Hospital	Chil	Indep	76	..	..	30	425	.....
Baptist State Hospital★◇	Gen	Chrch	300	15	207	51	2,667	.....
Granite Mountain Hospital	Gen	Indiv	20	2	12	3	106	2,258
Little Rock City Hosp.★◇	Gen	City	128	12	58	50	1,574	3,089
Missouri Pacific Hospital	Indus	Indus	135	..	..	33	1,232	.....
St. Vincent's Infirmary★◇	Gen	Chrch	135	15	233	90	3,274	.....
State Hospital	Ment	State	3,511	..	..	3,423	1,447	.....
Trinity Hospital	Gen	Indep	44	6	71	13	817	.....
United Friends Hospital (col.)	Gen	Frat	32	3	..	5	...	.....
Magnolia, 3,008—Columbia								
Magnolia Sanitarium	Gen	Part	15	2	10	5	225	394
Monticello, 3,076—Drew								
Mack Wilson Hospital	Gen	Indep	25	..	15	6	...	2,504
Morrilton, 4,043—Conway								
St. Anthony's Hospital	Gen	Chrch	18	2	12	11	356	.....
Newport, 4,547—Jackson								
Newport Sanitarium	Surg	Part	16	2	..	4	...	.....
North Little Rock, 19,418—Pulaski								
Veterans Admin. Facility	Ment	Vet	820	..	..	768	303	.....
Paragould, 5,966—Greene								
Dickson Memorial Sanit	Gen	Indep	30	3	24	6	350	.....
Paris, 3,234—Logan								
Dr. Jewell's Infirmary	Gen	Indiv	20	..	..	10	...	1,124
Pine Bluff, 20,760—Jefferson								
Davis Baptist Hospital	Gen	Chrch	70	6	..	14	721	.....
United Links Hosp. (col.)	Gen	Indep	40	..	..	5	...	.....
Prescott, 3,033—Nevada								
Cora Donnell Hospital	Gen	Indiv	40	3	32	18	571	.....
Russellville, 5,628—Pope								
Haney Eye, Ear, Nose and Throat Hospital	ENT	Indiv	10	..	..	5	300	.....
St. Mary's Hospital	Gen	Indiv	55	6	8	28	1,000	800
Searcy, 3,387—White								
Wakenight Sanitarium	Gen	Indiv	23	1	12	8	523	.....
Siloam Springs, 2,378—Benton								
Siloam Springs City Hosp.	Gen	City	10	2	13	6	175	.....
State Sanatorium,—Logan								
Arkansas Tuberculosis Sanatorium	TB	State	525	..	..	525	543	.....
Taylor, 263—Columbia								
Bertie Lee Horn Sanat	Gen	Indiv	15	..	..	5	412	.....
Texarkana, 10,764—Miller								
Michael Meagher Memorial Hospital◇	Gen	Chrch	75	10	70	25	1,004	.....
St. Louis Southwestern Hospital	Indus	Indus	150	..	..	34	1,289	4,110
Related Institutions								
De Queen, 2,938—Sevier								
Childress Hospital	Gen	Indiv	10	..	..	4	...	.....
Ft. Smith, 31,429—Sebastian								
Sebastian County Hospital	Inst	Co	72	..	..	65	...	.....
Little Rock, 81,679—Pulaski								
Arkansas Confederate Home	Inst	State	80	..	..	72	27	.....
Arkansas School for the Blind	Inst	State	18	...	..	5	60	.....
Florence Crittenton Home.	Mat	Indep	42	6	22	18	35	.....
Pulaski County Hospital	Gen	Co	200	10	..	193	647	.....

ARKANSAS—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Malvern, 5,115—Hot Spring								
Hot Spring County General Hospital	Gen	Co	9	1	..	8	...	.....
Newport, 4,547—Jackson								
Dr. Gray's Sanitarium	Gen	Indiv	6	2	4	3	100	.....
Rogers, 3,554—Benton								
Home Hospital	Gen	Indiv	8	4	4	1	46	.....
Rogers Sanitarium	Gen	Indiv	6	2	6	2	68	.....
Texarkana, 10,764—Miller								
Jamison Sanitarium (col.)	Gen	Indiv	16	2	..	4	...	.....
Tucker, 219—Jefferson								
Arkansas State Penitentiary Hospital	Inst	State	20	..	..	12	736	.....

Summary for Arkansas:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	58	7,993	5,761	36,467
Related institutions	12	487	387	2,611
Totals	70	8,480	6,148	39,078
Refused registration	9	189		

CALIFORNIA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Agnew, 316—Santa Clara								
Agnews State Hospital✚	Ment	State	2,984	..	..	2,681	1,269	.....
Ahwahnee, 25—Madera								
Ahwahnee Tri-County Tuberculosis Sanatorium	TB	Co	108	..	..	98	97	15
Alameda, 35,033—Alameda								
Alameda Sanatorium on the South Shore	Gen	Indep	85	15	178	30	1,463	.....
Albany, 8,569—Alameda								
Humboldt Hospital	Gen	Part	27	10	61	12	392	.....
Alcatraz, 171—San Francisco								
Station Hospital	Gen	Army	30	..	..	12	209	.....
Alhambra, 29,472—Los Angeles								
Alhambra Hospital	Gen	Indep	40	10	..	14	...	.....
Angel Island, 406—Marin								
Station Hospital	Gen	Army	98	..	..	15	466	3,602
Antioch, 3,563—Contra Costa								
Antioch Hospital	Gen	Indiv	15	4	37	5	284	.....
Arcata, 1,709—Humboldt								
Trinity Hospital	Gen	Chrch	22	4	20	9	349	.....
Arlington, 1,550—Riverside								
Riverside County Hospital	Gen	Co	300	10	184	265	2,464	1,561
Artesia, 3,891—Los Angeles								
Artesia Hospital	Gen	Indiv	20	4	60	9	225	.....
Auberry, 183—Fresno								
Wish-i-ah Sanatorium	TB	Co	66	..	..	72	89	630
Auburn, 2,661—Placer								
Highlands Sanitarium	Gen	Part	20	4	..	18	560	.....
Bakersfield, 26,015—Kern								
Bakersfield Emergency Hospital	Gen	Indiv	40	5	4	5	200	.....
Kern General Hospital	Gen	Co	364	16	452	346	5,577	.....
Mercy Hospital	Gen	Chrch	100	12	156	26	827	.....
San Joaquin Hospital	Gen	Indep	40	6	52	17	923	.....
Banning, 2,752—Riverside								
Banning Hosp. and Sanat.	TB	Indiv	25	..	..	8	24	.....
Southern Sierras Sanat.	TB	Indiv	35	..	..	16	26	.....
Bell, 7,884—Los Angeles								
Gage Hospital	Gen	Indiv	19	11	127	6	344	.....
Belmont, 984—San Mateo								
Alexander Sanitarium	N&M	Indep	50	..	..	34	82	.....
California Sanatorium	TB	Indep	100	..	..	99	275	.....
Twin Pines Sanitarium	N&M	Indep	20	..	..	20	38	.....
Berkeley, 82,109—Alameda								
Alta Bates Hospital◇	Gen	Indep	100	36	407	51	2,272	.....
Berkeley General Hospital	Gen	Indep	90	12	101	21	817	1,225
E. V. Cowell Memorial Hospital	Gen	State	100	..	..	36	1,748	10,742
Brawley, 10,439—Imperial								
Brawley Community Hosp.	Gen	Indiv	14	3	45	8	273	.....
Burbank, 16,662—Los Angeles								
Burbank Hospital	Gen	Indiv	36	8	55	14	430	158
Calistoga, 1,000—Napa								
Silverado Sanatorium	TB	Indiv	40	..	..	..	...	.....
Carmel, 2,260—Monterey								
Carmel Hospital	Gen	Indiv	13	5	19	5	172	.....
Grace Deere Velie Metabolic Clinic	Chr	Indep	25	..	..	8	195	135
Chico, 7,961—Butte								
Enloe Hospital	Gen	Indiv	32	6	106	11	611	.....
Colfax, 912—Placer								
Bushnell Sanatorium	(Unit of Colfax School for the Tuberculous)							
Colfax Hospital	(Unit of Colfax School for the Tuberculous)							
Colfax School for the Tuberculous	TB	Indiv	96	..	..	30	41	.....
Housekeeping Cottage Colony	(Unit of Colfax School for the Tuberculous)							
Kathramon Sanatorium	(Unit of Colfax School for the Tuberculous)							
Colusa, 2,116—Colusa								
Colusa Memorial Hospital.	Gen	Co	24	8	45	12	488	300
Compton, 12,516—Los Angeles								
Compton Sanitarium	N&M	Indep	155	..	..	79	189	.....
Las Campanas Hospital	Gen	Indep	30	10	95	19	474	.....
Coronado, 5,425—San Diego								
Station Hospital	Gen	Army	30	..	..	11	257	2,505

Key to symbols and abbreviations is on page 1021

CALIFORNIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Covina, 2,774—Los Angeles								
Covina Hospital	Gen	Part	40	8	110	15	763	.....
Crescent City, 1,720—Del Norte								
Knapp Hospital	Gen	Indep	16	5	17	7	240	163
Culver City, 5,669—Los Angeles								
University Hospital	Gen	Indep	50	17	85	6	326	1,089
Dorris, 762—Siskiyou								
Butte Valley Clinic	Gen	Part	12	3	11	3	84	417
Dorris Hospital	Gen	Part	15	4	..	3	...	.....
Duarte, 620—Los Angeles								
Los Angeles Sanatorium	TB	Indep	150	..	..	149	127	650
Dunsmuir, 2,610—Siskiyou								
Dunsmuir Hospital and Sanitarium	Gen	Indep	17	4	6	8	325	.....
El Centro, 8,434—Imperial								
La Solana Hospital	Gen	Indiv	20	8	70	5	327	.....
El Monte, 3,479—Los Angeles								
Ruth Home	Mat	Indep	104	40	20	83	168	.....
Eureka, 15,752—Humboldt								
General Hospital	Gen	Indep	42	8	52	16	566	.....
Humboldt County Hospital	Gen	Co	103	13	177	102	1,205	1,368
Humboldt County School for the Tuberculous	TB	Co	65	..	..	49	97	43
St. Joseph Hospital	Gen	Chrch	63	12	102	19	904	.....
Ft. Bragg, 3,022—Mendocino								
Redwood Coast Hospital	Gen	Indep	25	5	16	4	162	.....
Ft. Jones, 302—Siskiyou								
Scott Valley Hospital	Gen	Indiv	10	2	27	2	75	84
French Camp, 248—San Joaquin								
San Joaquin Gen. Hosp.◇	Gen	Co	550	24	606	526	7,764	17,220
Fresno, 52,513—Fresno								
Burnett Sanitarium◇	Gen	Indep	125	12	241	52	2,073	.....
Fresno County General Hospital★✚◇	Gen	Co	500	16	561	432	5,794	6,825
St. Agnes Hospital	Gen	Chrch	66	14	296	32	1,267	.....
Sample Sanitarium	Gen	Indiv	28	6	47	7	308	.....
Fullerton, 10,860—Orange								
Fullerton Hospital	Gen	Chrch	28	6	53	8	339	.....
Gilroy, 3,502—Santa Clara								
Wheeler Hospital	Gen	Indep	25	7	35	9	391	129
Glendale, 62,736—Los Angeles								
Glendale Sanitarium and Hospital★◇	Gen	Chrch	240	24	230	105	2,135	12,029
Physicians and Surgeons Hospital	Gen	Indep	72	20	315	28	1,528	.....
Grass Valley, 3,817—Nevada								
W. C. Jones Mem. Hospital	Gen	Indiv	20	4	42	10	349	501
Hanford, 7,028—Kings								
Hanford Sanitarium	Gen	Indep	30	6	42	6	299	.....
Kings County Hospital	Gen	Co	90	11	80	84	752	.....
Sacred Heart Hospital	Gen	Chrch	20	6	20	4	114	.....
Hayward, 5,530—Alameda								
Hayward Hospital	Gen	Indiv	17	4	71	6	334	.....
Healdsburg, 2,296—Sonoma								
Healdsburg General Hosp.	Gen	Indep	14	7	54	4	189	.....
Hermosa Beach, 4,796—Los Angeles								
Hermosa-Redondo Hospital	Gen	Indep	22	9	..	7	279	.....
Hobart Mills, 516—Nevada								
Hobart Estate Company Hospital	Gen	Indus	14	3	5	2	...	.....
Hollister, 3,757—San Benito								
Hazel Hawkins Memorial Hospital	Gen	Co	15	4	8	3	168	.....
Hoopa, 200—Humboldt								
Hoopa Valley Indian Hosp.	Gen	I A	36	5	37	19	293	4,380
Huntington Park, 24,591—Los Angeles								
Mission Hospital	Gen	Indep	30	10	316	19	832	.....
Imola,—Napa								
Napa State Hospital	Ment	State	3,234	..	..	3,147	768	.....
Indio, 1,875—Riverside								
Coachella Valley Hospital.	Gen	Indiv	20	4	61	15	637	.....
Inglewood, 19,480—Los Angeles								
Centinela Hospital	Gen	Indiv	22	12	..	14	...	.....
Keene, 164—Kern								
Stony Brook Retreat	TB	Co	100	..	..	86	83	1,514
King City, 1,483—Monterey								
Community Hospital	Gen	Indiv	14	2	11	6	124	.....
LaCrescenta, 1,510—Los Angeles								
Hillcrest Sanatorium	TB	Indep	60	..	..	60	125	.....
LaVina,—Los Angeles								
LaVina Sanatorium	TB	Indep	55	..	..	48	101	151
Lindsay, 3,878—Tulare								
Lindsay Hospital	Gen	Indiv	11	2	24	4	188	.....
Livermore, 3,119—Alameda								
Arroyo Sanatorium✚⊙	TB	Co	185	..	..	178	196	.....
Hetch Hetchy Hospital	Gen	CyCo	30	4	..	12	...	.....
Livermore Sanitarium✚	N&M	Indep	114	..	..	83	114	.....
St. Paul's Hospital	Gen	Indiv	12	3	..	5	...	.....
Veterans Admin. Facility	G&TB	Vet	318	..	..	257	395	.....
Lodi, 6,788—San Joaquin								
Dr. Buchanan's Sanitarium	Gen	Indiv	15	4	33	4	169	.....
Mason Hospital	Gen	Part	15	4	20	5	161	.....
Loma Linda, 2,500—San Bernardino								
Loma Linda Sanitarium and Hospital★◇	Gen	Chrch	112	12	112	61	1,644	17,844
Long Beach, 142,032—Los Angeles								
Harriman Jones Clinic and Hospital	Gen	Indiv	26	..	..	12	529	1,518
Long Beach Community Hospital	Gen	Indep	100	20	410	72	4,617	.....
St. Mary's Long Beach Hospital	Gen	Chrch	60	10	130	28	779	.....
Seaside Hospital★◇	Gen	Indep	275	48	891	102	4,375	12,062

CALIFORNIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Los Angeles, 1,238,048—Los Angeles								
Barlow Sanatorium✚⊙	TB	Indep	100	..	...	89	86	818
California Babies Hospital.	(Pediatric Dept. of California Hospital)							
California Hospital★	Gen	Chrch	279	28	969	211	6,509	11,860
Cedars of Lebanon Hosp.★✚	Gen	Indep	240	40	924	166	5,645	19,762
Children's Hospital✚⊙	Chil	Indep	193	..	..	139	3,646	10,128
Ex-Patients Home of the Jewish Consumptive Relief Association	TB	Indep	60	..	...	62	73	.....
Eye and Ear Hospital	ENT	Indep	21	..	...	...	2,700	8,513
French Hospital	Gen	Indep	80	20	236	29	1,074	.....
Golden State Hospital✚	Gen	Indiv	67	6	...	35	964	12,000
Hollywood Clara Barton Memorial Hospital★	Gen	Indep	240	65	828	129	5,073	.....
Hospital of the Good Samaritan◇	Gen	Chrch	380	45	466	151	4,537	.....
Japanese Hospital	Gen	Indep	39	6	48	21	814	.....
Lincoln Hospital	Gen	Indep	29	8	140	10	528	.....
Los Angeles County General Hospital (Unit No. 1)★✚◇	Gen	Co	1,560	40	1,838	1,590	36,577	69,873
Los Angeles County Psychopathic Hospital	(Ward of Los Angeles County General Hospital, Unit. No. 1)							
Los Angeles Maternity Cottage	Mat	Indep	28	28	329	12	328	1,182
Los Angeles Sanitarium	Gen	Indiv	20	..	...	5	110	.....
Methodist Hospital of Southern California◇	Gen	Chrch	240	40	707	82	3,286	.....
Orthopaedic Hosp.-School✚.	Orth	Indep	85	..	..	73	1,576	6,000
Pahl Hospital	Gen	Indiv	15	3	40	9	383	.....
Queen of Angels Hosp.◇	Gen	Chrch	200	40	591	119	4,069	.....
St. Vincent's Hospital★◇	Gen	Chrch	225	48	546	110	3,771	.....
Santa Fe Coast Lines Hospital★	Indus	Indus	150	..	...	112	2,015	3,365
Southern California Sanit.	Chr	Indiv	57	..	...	12	204	.....
Southwest General Hospital	Gen	Indiv	25	8	...	8	...	.....
Terry Sanitarium-Hospital	Gen	Indep	12	2	...	5	...	.....
White Memorial Hosp.★✚◇.	Gen	Chrch	108	23	519	76	3,657	15,991
Los Banos, 1,875—Merced								
Los Banos Hospital	Gen	Indiv	14	4	21	4	170	.....
Los Gatos, 3,168—Santa Clara								
Oak's Sanitarium	TB	Indiv	60	..	..	29	59	.....
Madera, 4,665—Madera								
Madera County Hospital	Gen	Co	42	5	..	36	945	2,000
Madera Sanitarium	Gen	Indiv	19	4	72	9	328	.....
Manor,—Marin								
Arequipa Sanatorium	TB	Indep	44	..	..	42	61	.....
Mare Island, 410—Solano								
U. S. Naval Hospital	Gen	Navy	632	..	..	330	3,966	14,236
Martinez, 6,569—Contra Costa								
Contra Costa County Hosp.	Gen	Co	210	10	132	198	2,102	2,476
Martinez Community Hosp.	Gen	Indep	30	5	58	11	483	.....
Marysville, 5,763—Yuba								
Rideout Memorial Hospital	Gen	Indiv	26	9	58	14	513	.....
McCloud, 175—Siskiyou								
McCloud Hospital	Gen	Indus	30	4	34	4	...	1,238
Merced, 7,066—Merced								
Mercy Hospital	Gen	Indep	30	7	123	18	868	.....
Modesto, 13,842—Stanislaus								
McPheeters Hospital	Gen	Indiv	32	5	61	2	724	.....
Robertson Hospital	Gen	Indiv	35	8	100	17	860	.....
St. Mary's Hospital	Gen	Chrch	21	8	59	6	403	.....
Stanislaus County Hospital	Gen	Co	193	12	246	111	2,045	4,025
Monrovia, 10,890—Los Angeles								
Norumbega Sanatorium	TB	Indiv	20	..	..	14	45	45
Pottenger Sanat. and Clinic✚	TB	Indep	120	..	..	55	92	286
Monterey, 9,141—Monterey								
El Adobe Hospital	Gen	Indiv	14	4	19	3	166	.....
Monterey Hospital	Gen	Indep	100	6	36	15	633	6,864
Station Hospital	Gen	Army	54	1	8	..	...	2,394
Monterey Park, 6,406—Los Angeles								
Garfield Hospital	Gen	Indep	33	8	102	15	644	.....
Murphy, 563—Calaveras								
Bret Harte Sanatorium	TB	Co	180	..	..	159	187	.....
Napa, 6,437—Napa								
Victory Hospital	Gen	Indep	28	6	69	11	558	150
National City, 7,301—San Diego								
Elwyn Sanitarium	Gen	Part	12	..	..	3	158	.....
Paradise Valley Sanitarium and Hospital◇	Gen	Chrch	100	16	236	53	1,348	5,432
Newman, 1,269—Stanislaus								
Newman Hospital	Gen	Part	11	3	23	4	251	.....
Norwalk, 1,517—Los Angeles								
Norwalk State Hospital	Ment	State	2,250	..	..	2,218	895	133
Oakland, 284,063—Alameda								
Children's Hospital of the East Bay✚⊙	Chil	Indep	65	..	..	26	2,055	5,666
East Oakland Hospital	Gen	Indep	90	16	..	46	...	.....
Highland Hospital of Alameda County★◇	Gen	Co	378	26	1,117	300	10,777	.....
Peralta Hospital	Gen	Indep	124	32	507	60	2,670	.....
Providence Hospital◇	Gen	Chrch	212	30	366	60	2,461	270
Samuel Merritt Hospital◇.	Gen	Indep	150	18	371	89	3,585	.....
Olive View,—Los Angeles								
Olive View Sanatorium	TB	Co	971	..	..	937	640	.....
Orange, 8,066—Orange								
Orange County Hospital★◇	Gen	Co	262	12	231	218	2,865	1,184
St. Joseph Hospital◇	Gen	Chrch	100	25	203	40	975	.....
Oxnard, 6,285—Ventura								
St. John's Hospital	Gen	Chrch	50	12	110	12	500	.....
Pacoima, 1,012—Los Angeles								
Independent Order of Foresters, Calif. Tuber. Sanit.	TB	Frat	120	..	..	60	...	.....
Palo Alto, 13,652—Santa Clara								
Palo Alto Hospital	Gen	Indep	75	14	169	31	1,875	.....
Veterans Admin. Facility	Ment	Vet	1,010	..	..	955	893	643

Key to symbols and abbreviations is on page 1021

CALIFORNIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Pasadena, 76,086—Los Angeles								
Las Encinas Sanitarium✚	Gen	Indep	80	..	..	64	243	.....
Pasadena Hospital★◇	Gen	Indep	186	24	476	117	4,736	8,294
St. Luke's Hospital	Gen	Chrch	75	18	..	New	...	.....
Woman's Hospital	Mat	Indep	14	14	291	7	297	200
Patton, 215—San Bernardino								
Patton State Hospital	Ment	State	3,700	..	..	3,551	1,268	.....
Placerville, 2,322—El Dorado								
Placerville Sanatorium	Gen	Indiv	21	3	..	7	315	.....
Pomona, 20,804—Los Angeles								
Pomona Valley Community Hospital	Gen	Indep	82	21	171	33	1,291	.....
Portola, 1,012—Plumas								
Western Pacific Ry. Hosp.	Gen	Indus	35	5	41	13	449	2,464
Red Bluff, 3,517—Tehama								
St. Elizabeth's Mercy Hosp.	Gen	Chrch	25	6	52	10	397	.....
Tehama County Hospital	Gen	Co	65	..	12	47	237	.....
Redding, 4,188—Shasta								
Dozier Sanitarium	Gen	Indiv	10	3	..	4	...	.....
St. Caroline Sanitarium	Gen	Indep	22	4	..	9	...	.....
Redwood City, 8,962—San Mateo								
Canyon Sanatorium	TB	Indiv	75	..	..	35	56	.....
Hassler Health Home	TB	CyCo	103	..	..	50	85	.....
Richmond, 20,093—Contra Costa								
Cottage Hospital	Gen	Indiv	20	7	..	15	960	.....
Hospital Richmond	Gen	Indep	50	14	68	10	432	.....
Riverside, 29,696—Riverside								
Riverside Community Hosp.	Gen	Indep	60	18	181	25	1,334	1,516
Sherman Institute Hospital	Gen	I A	60	..	..	24	1,205	13,202
Rosmead, 2,717—Los Angeles								
Alhambra Sanatorium	N&M	Indep	12	..	..	6	36	.....
Ross, 1,355—Marin								
Ross General Hospital	Gen	Indep	60	8	108	35	755	760
Sacramento, 93,750—Sacramento								
Mater Misericordiae Hosp.◇	Gen	Chrch	134	27	294	56	2,144	923
Sacramento Hospital★◇	Gen	Co	457	24	725	446	8,317	50,429
Sutter Hospital	Gen	Indep	175	30	487	100	4,252	.....
Salinas, 10,263—Monterey								
Park Lane Hospital	Gen	Indiv	30	10	89	6	408	.....
Salinas Valley Hospital	Gen	Indiv	23	9	153	8	1,825	.....
San Bernardino, 37,481—San Bernardino								
St. Bernardine's Hospital.	Gen	Chrch	125	12	136	19	688	.....
San Bernardino County Charity Hospital★✚◇	Gen	Co	302	18	428	267	3,245	3,314
San Diego, 147,995—San Diego								
Emergency Hospital of San Diego	Gen	Indep	85	18	108	15	717	.....
Gracewood General Hospital	Gen	Indiv	35	12	47	7	376	.....
Mercy Hospital◇	Gen	Chrch	285	40	842	147	5,942	236
San Diego County General Hospital★◇	Gen	Co	640	32	680	429	6,960	9,519
Scripps Memorial Hospital	Gen	Indep	50	6	49	20	611	.....
Scripps Metabolic Clinic	Metab	Indep	28	..	..	14	5,160	.....
U. S. Naval Hospital	Gen	Navy	964	..	..	744	7,042	6,572
San Fernando, 7,567—Los Angeles								
San Fernando Hospital	Gen	Indiv	12	5	37	5	205	.....
Veterans Admin. Facility	TB	Vet	230	..	..	216	305	356
San Francisco, 634,394—San Francisco								
Chinese Hospital	Gen	Indep	62	9	64	24	559	171
Dante Sanatorium	Gen	Indep	136	10	62	38	1,298	.....
Franklin Hospital◇	Gen	Frat	220	16	297	122	3,528	325
French Hospital★◇	Gen	Frat	220	14	106	168	3,232	8,152
Greens' Eye Hospital	ENT	Part	29	..	..	14	889	2,020
Hospital for Children★✚◇	Gen	Indep	215	44	730	116	4,167	11,673
Letterman General Hospital	Gen	Army	600	10	128	648	6,095	5,987
Mary's Help Hospital★◇	Gen	Chrch	130	30	461	86	3,027	12,623
Mt. Zion Hospital★✚◇	Gen	Indep	172	26	385	97	3,730	3,986
Park Sanitarium	N&M	Indep	38	..	..	14	483	.....
St. Elizabeth's Infant Hospital	MatCh	Chrch	59	16	50	10	65	.....
St. Francis Hospital◇	Gen	Indep	300	65	652	158	5,588	.....
St. Joseph's Hospital◇	Gen	Chrch	215	28	473	129	4,430	.....
St. Luke's Hospital★✚◇	Gen	Chrch	200	25	425	133	4,382	9,600
St. Mary's Hospital★◇	Gen	Chrch	285	40	682	147	5,794	1,370
San Francisco Hospital★✚⊙	Gen	CyCo	1,359	49	795	1,146	13,640	8,421
Shriners Hospital for Crippled Children✚⊙	Orth	Frat	60	..	..	60	329	715
Southern Pacific General Hospital★	Indus	Indus	400	..	..	319	4,259	10,825
Stanford University Hospitals (Including Lane Hospital)★✚◇	Gen	Indep	312	26	434	139	6,178	9,881
Sutter Hospital	Gen	Indep	60	12	87	42	3,826	12,647
U. S. Marine Hospital	Gen	USPH	472	..	..	389	3,380	9,519
Univ. of Calif. Hosp.★✚◇	Gen	State	255	32	388	149	5,230	.....
Sanitarium, 415—Napa								
St. Helena Sanit. and Hosp.◇	Gen	Chrch	140	6	59	65	1,442	.....
San Jacinto, 1,346—Riverside								
Soboda Indian Hospital	Gen	I A	30	3	26	25	420	526
San Jose, 57,651—Santa Clara								
Alum Rock Sanatorium	TB	Indep	30	..	..	11	37	.....
O'Connor Sanitarium◇	Gen	Chrch	100	25	342	64	2,558	.....
San Jose Hospital	Gen	Indep	156	27	434	55	2,490	.....
Santa Clara County Hospital★✚◇	Gen	Co	335	24	616	274	4,672	6,000
Santa Clara Sanatorium⊙	TB	Co	99	..	..	97	80	550
San Leandro, 11,455—Alameda								
Fairmont Hospital of Alameda County✚⊙	G&TB	Co	900	..	..	888	1,494	.....
San Luis Obispo, 8,276—San Luis Obispo								
Mountain View Hospital	Gen	Indiv	25	4	20	8	280	.....
San Luis Obispo General Hospital	Gen	Co	57	8	107	30	1,015	.....
San Luis Sanitarium	Gen	Indiv	30	6	36	10	639	.....

CALIFORNIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
San Mateo, 13,444—San Mateo								
Community Hospital of San Mateo County	Gen	Co	181	10	134	127	1,677	2,378
Mills Memorial Hospital	Gen	Chrch	80	25	337	42	1,899	1,377
San Pedro,—Los Angeles								
San Pedro Hospital	Gen	Indep	88	22	538	49	2,089	892
Station Hospital	Gen	Army	53	2	5	9	400	2,020
U. S. Ship Relief Hospital	Gen	Navy	367	..	..	143	2,836	.....
San Rafael, 8,022—Marin								
San Rafael Cottage Hosp.	Gen	Indiv	36	11	127	20	786	.....
Santa Ana, 30,322—Orange								
Santa Ana Valley Hospital	Gen	Indep	50	20	194	25	886	.....
Santa Barbara, 33,613—Santa Barbara								
St. Francis Hospital★◇	Gen	Chrch	85	15	174	41	1,517	1,125
Santa Barbara Cottage Hospital★◇	Gen	Indep	250	32	..	84	2,938	1,283
Santa Barbara Gen. Hosp.★	Gen	Co	215	10	126	172	1,691	.....
Santa Cruz, 14,395—Santa Cruz								
Hanly Hospital	Gen	Indiv	31	10	49	10	384	.....
Santa Cruz County Hosp.	Gen	Co	40	6	105	15	1,005	1,593
Santa Monica, 37,146—Los Angeles								
St. Catherine's Hospital	Gen	Part	40	10	40	25	420	.....
Santa Monica Hospital	Gen	Indep	94	12	283	50	2,551	.....
Wilshire Hospital	Gen	Indep	31	10	135	13	384	.....
Santa Rosa, 10,636—Sonoma								
General Hospital	Gen	Indiv	25	8	101	9	690	.....
Santa Rosa Hospital	Gen	Indiv	16	3	21	6	257	.....
Scotia, 2,024—Humboldt								
Scotia Hospital	Gen	Indus	52	4	..	10	...	560
Selma, 3,047—Fresno								
Selma Sanitarium	Gen	Indep	14	3	51	6	518	.....
Sonora, 2,278—Tuolumne								
Sierra Hospital	Gen	Indiv	26	4	..	8	...	.....
Sonora Hospital	Gen	Indiv	24	3	..	12	...	.....
South Gate, 19,632—Los Angeles								
Suburban Hospital	Gen	Indep	40	16	262	20	797	.....
South San Francisco, 6,193—San Mateo								
South San Francisco Hosp.	Gen	Indep	30	6	..	5	...	.....
Spadra, 39—Los Angeles								
Pacific Colony-State Narcotic Hospital	DrugMeDe	State	812	..	..	652	...	.....
Springville,—Tulare								
Tulare-Kings County Joint Tuberculosis Hospital	TB	Co	90	..	..	82	179	500
Stockton, 47,963—San Joaquin								
Dameron Hospital◇	Gen	Indep	77	12	231	38	1,663	231
St. Joseph's Home and Hospital◇	Gen	Chrch	125	15	220	44	1,775	139
Stockton State Hospital⊙	Ment	State	3,410	..	..	3,453	1,109	431
Susanville, 1,358—Lassen								
Riverside Hospital	Gen	Indiv	50	6	70	7	459	920
Talmage, 29—Mendocino								
Mendocino State Hospital.	Ment	State	2,700	..	..	2,324	883	.....
Torrance, 7,271—Los Angeles								
Jared Sidney Torrance Memorial Hospital	Gen	Indep	38	12	135	17	646	.....
Trona, 775—San Bernardino								
Trona Hospital	Gen	Indus	10	1	8	4	96	.....
Tulare, 6,207—Tulare								
Belleview Hospital	Gen	Indiv	20	3	24	4	151	.....
Tulare County Gen. Hosp.	Gen	Co	73	9	297	55	1,437	1,723
Tulare Hospital	Gen	Indiv	16	3	22	5	300	.....
Turlock, 4,276—Stanislaus								
Emanuel Hospital	Gen	Chrch	40	8	81	17	506	.....
Lillian Collins Hospital	Gen	Indiv	15	8	24	4	194	.....
Ventura, 11,432—Ventura								
Foster Memorial Hospital.	Gen	Indep	65	12	79	15	949	.....
Ventura County Hospital	Gen	Co	190	8	196	135	...	8,725
Vineburg, 164—Sonoma								
Burndale Hospital	Gen	Indiv	15	2	50	3	1,000	.....
Visalia, 7,263—Tulare								
Kaweah Hospital	Gen	Indep	30	4	68	7	419	.....
Watsonville, 8,344—Santa Cruz								
Watsonville Hospital	Gen	Indiv	23	5	94	14	660	.....
Weed, 4,227—Siskiyou								
Weed Hospital	Gen	Indiv	24	4	24	5	240	.....
Weimar, 32—Placer								
Weimar Joint Sanatorium	TB	Co	454	..	..	446	339	.....
West Los Angeles,—Los Angeles								
Veterans Admin. Facility	G&TB	Vet	1,232	..	..	983	4,589	.....
Westwood, 4,062—Lassen								
Westwood Hospital	Gen	Indiv	30	6	60	8	140	945
Willits, 1,424—Mendocino								
Frank R. Howard Memorial Hospital	Gen	Indep	10	3	34	4	322	.....
Woodland, 5,542—Yolo								
Woodland Clinic Hospital	Gen	Indep	100	10	100	23	1,231	.....
Yosemite National Park, 200—Mariposa								
Lewis Memorial Hospital	Gen	Fed	13	2	15	6	293	.....
Yreka, 2,126—Siskiyou								
Siskiyou County General Hospital	Gen	Co	50	5	82	18	822	.....
Yuba City, 3,605—Sutter								
Yuba City General Hosp.	Gen	Indiv	14	3	54	6	350	.....

Related Institutions

Alta Loma, 115—San Bernardino								
Our Lady of Lourdes Sanatorium	TB	Indiv	25	..	..	8	20	.....
Alturas, 2,338—Modoc								
Modoc County Hospital	Inst	Co	18	..	..	8	225	.....
Artesia, 3,891—Los Angeles								
Dr. Hansen's Sanitarium	N&M	Indiv	25	..	..	19	...	.....
Auburn, 2,661—Placer								
Placer County Hospital	Gen	Co	130	4	40	100	729	100

Key to symbols and abbreviations is on page 1021

CALIFORNIA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Azusa, 4,808—Los Angeles								
Physiotherapy Institute and Rural Rest Home	Conv	Indep	45	..	..	42	118	.....
Bakersfield, 26,015—Kern								
R. B. Rees Hospital	Surg	Indiv	10	..	..	3	60	.....
Trinity Hospital	Gen	Indiv	24	5	..	5	...	.....
Belmont, 984—San Mateo								
Chas. S. Howard Foundation	TB	Indep	20	..	..	16	20	.....
Reed Sanitarium	N&M	Indiv	25	..	..	9	49	.....
Berkeley, 82,109—Alameda								
California State Schools for the Deaf and Blind	Inst	State	22	..	..	4	357	.....
Blythe, 1,020—Riverside								
Frank Luke Memorial Hosp.	Gen	Indep	7	4	..	3	...	.....
Chula Vista, 3,869—San Diego								
McNabb Hosp. and Sanit	Gen	Indep	30	..	..	25	...	.....
Claremont, 2,719—Los Angeles								
Claremont Colleges Infirmary	Inst	Indep	24	..	..	4	183	.....
Coalinga, 2,851—Fresno								
San Joaquin Hospital	Gen	Indiv	15	4	..	3	156	.....
Colusa, 2,116—Colusa								
Colusa County Hospital	Inst	Co	60	2	..	53	216	.....
Corona, 7,018—Riverside								
Corona Hospital	Gen	Part	10	4	10	3	874	.....
Coronado, 5,425—San Diego								
Coronado Hospital	Gen	Indiv	12	6	25	4	244	.....
Crescent City, 1,720—Del Norte								
Del Norte County Hospital	Gen	Co	10	2	9	5	75	120
Culver City, 5,669—Los Angeles								
St. Erne Sanitarium	N&M	Indiv	40	..	..	38	96	.....
Decoto, 519—Alameda								
Masonic Home Hospital	Inst	Frat	50	..	..	45	...	.....
Dinuba, 2,968—Tulare								
Dinuba Hospital	Gen	Indiv	12	3	..	3	...	.....
El Cajon, 1,050—San Diego								
El Cajon Hospital	Gen	Part	6	3	5	1	50	.....
Eldridge, 16—Sonoma								
Sonoma State Home	MeDe	State	2,447	..	..	2,443	332	.....
Eureka, 15,752—Humboldt								
Humboldt County Isolation Hospital	Iso	Co	16	..	..	5	108	.....
Fowler, 1,171—Fresno								
Fowler Sanitarium	Gen	Indiv	5	3	20	3	72	.....
Glendale, 62,736—Los Angeles								
Villa Shaw Rest Home	N&M	Indiv	25	..	..	23	...	.....
Hawthorne, 6,596—Los Angeles								
Hawthorne Hospital	Gen	Indiv	10	5	..	5	281	.....
Hilts, 216—Siskiyou								
Hilts Hospital	Gen	Indus	6	2	7	2	41	.....
Hollister, 3,737—San Benito								
San Benito County Hospital	Inst	Co	50	..	..	25	308	.....
Hondo,—Los Angeles								
Los Amigos Rancho, Psychiatric Unit	Ment	Co	552	..	..	550	243	.....
Indio, 2,000—Riverside								
Metropolitan Water District Hospital	Indus	Indus	34	..	..	New	...	.....
Keene, 164—Kern								
Kern County Preventorium	TB	Co	44	..	..	44	52	.....
Kingsburg, 1,322—Fresno								
Kingsburg Sanitarium	Gen	Indiv	8	2	17	4	176	.....
La Crescenta, 1,510—Los Angeles								
Kimball Sanitarium	N&M	Part	28	..	..	18	...	.....
La Mesa, 2,513—San Diego								
La Mesa Sanatorium	TB	Indiv	20	..	..	6	63	.....
Lincoln, 2,094—Placer								
Joslin's Sanatorium	N&M	Indiv	15	..	..	8	10	.....
Livermore, 3,119—Alameda								
Del Valle Preventorium	TB	Co	88	..	..	81	193	.....
Lone Pine, 360—Inyo								
Lone Pine Hospital	Gen	Indiv	7	4	17	2	82	.....
Los Angeles, 1,239,048—Los Angeles								
Banksia Sanitarium	N&M	Indep	15	..	..	..	...	.....
Casa del Mar Sanitarium	N&M	Indiv	95	..	..	52	60	.....
Century Rest Home	N&M	Indiv	32	..	..	22	...	.....
Chase Diet Sanitarium	Conv	Indiv	22	..	..	10	107	.....
Doughty Sanatorium	TB	Indiv	12	..	..	7	12	.....
Florence Crittenton Home	Mat	Indep	30	20	54	18	65	.....
Junior League Convalescent Home for Children	Conv	Indep	24	..	..	18	...	.....
Las Palmas Rest Home	N&M	Indiv	10	..	..	6	...	.....
Los Angeles County Juvenile Hall Hospital	MeDe	Co	120	..	..	79	5,151	.....
Los Angeles Receiving Hospital	Emerg	City	30	..	..	..	...	.....
Los Angeles Smallpox Quarantine Hospital	Iso	City	100	..	..	1	42	.....
Marshall Manor Sanitarium	N&M	Part	20	..	..	15	...	.....
Mira Flores Sanitarium	N&M	Indiv	14	..	..	10	3	.....
Resthaven	N&M	Indep	40	..	..	26	91	.....
St. Barnabas House	Conv	Chrch	14	..	..	10	89	.....
St. Vincent's Maternity Home	Mat	Indep	10	10	..	3	...	.....
Salvation Army Women's Home and Hospital	Mat	Chrch	60	40	130	44	182	.....
Southwest Maternity Hosp.	Mat	Indiv	9	9	..	3	...	.....
Wilshire Rest Home	Conv	Part	20	..	..	7	...	.....
Loyalton, 837—Sierra								
Sierra Valley Hospital	Gen	Indiv	8	1	5	2	92	.....

CALIFORNIA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Manor,—Marin								
Bothin Convalescent Home	Conv	Indep	98	..	..	52	681	.....
Manteca, 1,614—San Joaquin								
Manteca Hospital	Gen	Indiv	7	4	19	3	132	.....
Marysville, 5,763—Yuba								
Yuba County Hospital	Inst	Co	98	6	..	78	931	.....
Merced, 7,066—Merced								
Merced County Hospital	Gen	Co	220	11	193	245	1,707	4,000
Monrovia, 10,890—Los Angeles								
Maryknoll Sanatorium	TB	Chrch	22	..	..	16	19	.....
Mountain View Rest Home	N&M	Indiv	45	..	..	43	20	.....
Palm Grove Sanatorium	N&M	Part	30	..	..	25	...	.....
Pine Rest Sanatorium	TB	Indiv	18	..	..	6	24	.....
Montebello, 5,498—Los Angeles								
Los Angeles Convalescent Home	Conv	Indep	50	..	..	40	360	.....
Mountain View, 3,308—Santa Clara								
Mountain View Hospital and Sanitarium	Gen	Indiv	8	..	..	1	200	.....
National City, 7,301—San Diego								
Wilhelmine Home	N&M	Indiv	10	..	..	8	...	.....
Nevada City, 1,701—Nevada								
Nevada City Sanitarium	Gen	Indiv	9	4	55	4	224	18
Nevada County Hospital	Gen	Co	64	..	..	50	171	.....
Newport Beach, 2,203—Orange								
Newport Beach Hospital	Gen	Indiv	5	3	10	1	28	.....
Oakland, 284,063—Alameda								
El Reposa Sanatorium	Conv	Indiv	15	..	..	13	...	.....
Kings Daughters of California Home for Incurables	Inc	Chrch	120	..	..	95	50	.....
Oakland Maternity Hosp.	Mat	Indep	12	12	118	4	125	.....
Salvation Army Women's Home and Maternity Hosp.	Mat	Chrch	55	30	117	50	201	.....
Pacific Grove, 5,558—Monterey								
Bayview Hospital	Gen	Indiv	16	6	54	4	190	.....
Pasadena, 76,086—Los Angeles								
El Nido Pasadena Preventorium	Conv	Indep	40	..	..	40	60	.....
Placerville, 2,322—Eldorado								
El Dorado County Hosp.	Inst	Co	55	2	4	49	79	.....
Porterville, 5,303—Tulare								
Mt. Whitney Hospital	Gen	Indiv	6	2	18	1	62	.....
Porterville Hospital	Gen	Indiv	14	4	20	5	175	.....
Quincy, 1,930—Plumas								
Plumas Industrial Hospital	Gen	Indiv	6	1	2	1	50	.....
Redding, 4,188—Shasta								
Shasta County Hospital	Gen	Co	92	3	38	29	349	.....
Represa, 30—Sacramento								
Folsom Prison Hospital	Inst	State	74	..	..	67	679	.....
Rosemead, 2,717—Los Angeles								
Rosemead Lodge	N&M	Part	40	..	..	25	105	.....
Ross, 1,355—Marin								
The Cedars	MeDe	Part	36	..	..	33	4	.....
Salinas, 10,263—Monterey								
Monterey County Hospital	Inst	Co	109	..	..	91	...	.....
San Andreas, 775—Calaveras								
San Andreas Hospital	Gen	Indiv	6	2	4	1	27	.....
San Diego, 147,995—San Diego								
Carter Sanitarium	N&M	Indiv	6	..	..	2	2	.....
Fraser Sanitarium	Conv	Indiv	21	..	..	8	150	.....
Lane Sanitarium	Conv	Indiv	9	..	..	6	11	.....
Peterson's Sanitarium	N&M	Indiv	18	..	..	3	37	.....
Rest Haven Preventorium	TB	Indep	60	..	..	50	94	1,536
San Francisco, 634,394—San Francisco								
Garden Nursing Home	Inc	Indep	61	..	..	40	45	.....
Greer Home	N&M	Indiv	2	..	..	8	...	.....
Laguna Honda Home Infirmary	Inst	CyCo	660	..	..	561	492	.....
San Francisco Emergency Hospital Service	Emerg	CyCo	110	3	..	25	...	.....
San Francisco Polyclinic	Gen	Indep	12	..	..	7	512	1,484
San Gabriel, 7,224—Los Angeles								
Baldy View Sanitarium	N&M	Part	55	..	..	45	...	.....
Mission Lodge Sanitarium	N&M	Part	50	..	..	36	24	.....
San Jose, 57,651—Santa Clara								
Beale Convalescent Home	N&M	Indiv	10	..	..	8	15	.....
Sunnyholme Preventorium	TB	Co	43	..	..	38	70	705
San Mateo, 13,444—San Mateo								
San Mateo Preventorium	TB	Indep	28	..	..	24	22	.....
San Quentin, 328—Marin								
San Quentin Prison Hosp.	Inst	State	140	..	..	120	1,497	.....
San Rafael, 8,022—Marin								
Marin County Tuberculosis Hospital	TB	Co	14	..	..	16	7	.....
Santa Barbara, 33,613—Santa Barbara								
La Loma Feliz	Chil	Indiv	8	..	..	2	3	.....
Santa Monica, 37,146—Los Angeles								
Santa Monica Diet Home	Conv	Indiv	10	..	..	4	61	.....
Santa Monica Rest Home	N&M	Indiv	52	..	..	52	60	.....
Santa Rosa, 10,636—Sonoma								
Sonoma County Hospital	Gen	Co	149	9	135	135	924	3,345
Saratoga, 2,523—Santa Clara								
Odd Fellows' Home	Inst	Frat	41	..	..	..	...	.....
Sonora, 2,278—Tuolumne								
Tuolumne County Hospital	Gen	Co	33	4	29	24	332	.....
Stanford University, 720—Santa Clara								
Stanford Convalescent Home⊙	Chil	Indep	70	..	..	70	228	.....
Suisun City, 905—Solano								
Solano County Hospital	Inst	Co	96	6	..	70	...	.....
Sunland,—Los Angeles								
Sunland Sanatorium	TB	Indep	60	..	..	55	130	.....
Ventura, 11,432—Ventura								
Ventura School for Girls	Inst	State	15	..	..	5	...	.....

Key to symbols and abbreviations is on page 1021

CALIFORNIA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Verdugo City, 5,000—Los Angeles								
Rock Haven Sanitarium...	N&M	Indiv	60	..	..	46	47	.....
Veterans Home,—Napa								
Veterans Home Hospital..	Inst	State	250	..	..	167	619	.....
Waterman,—Amador								
Preston School of Industry Hospital	Inst	State	50	..	..	22	1,476	.....
Weaverville, 509—Trinity								
Trinity County Hospital...	Gen	Co	32	..	..	18	...	.....
Willows, 2,024—Glenn								
Glenn County Hospital....	Gen	Co	45	1	3	30	119	.....
Wilmar,—Los Angeles								
Jean G. McCracken Home.	N&M	Indiv	48	..	..	47	...	.....
Yuba City, 3,605—Sutter								
Sutter County Hospital...	Gen	Co	64	6	..	37	...	.....

Summary for California:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums.....	275	52,648	41,207	420,936
Related institutions.....	124	8,405	6,810	100,055
Totals.....	399	61,053	48,017	520,991
Refused registration.....	83	2,662		

COLORADO

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Alamosa, 5,107—Alamosa								
Lutheran Hospital	Gen	Chrch	20	5	37	11	680	.....
Aspen, 705—Pitkin								
Citizens' Hospital	Gen	Indep	20	3	6	5	90	.....
Boulder, 11,223—Boulder								
Boulder-Colorado Sanitarium and Hospital★◇	Gen	Chrch	101	6	44	32	1,033	6,179
Community Hospital	Gen	Indep	60	6	65	12	511	.....
Brush, 2,312—Morgan								
Eben-Ezer Hospital	Gen	Chrch	24	8	41	12	379	.....
Canon City, 5,938—Fremont								
Graves Hospital	Gen	Indiv	24	6	..	8	310	.....
Colorado Springs, 33,237—El Paso								
Beth-El General Hospital★◇	Gen	Chrch	92	12	329	56	2,252	307
Colorado Springs Psychopathic Hospital	N&M	Part	150	..	..	90	159	.....
Cragmor Sanatorium	TB	Indep	130	..	..	66	68	.....
Crestone Heights Sanitarium and Hospital	Gen	Indiv	22	5	35	7	242	.....
Glockner Sanatorium and Hospital★◇	G&TB	Chrch	150	13	121	142	1,272	.....
National M. E. Sanat. for Tuberculosis	TB	Chrch	75	..	..	53	69	.....
St. Francis Hospital and Sanatorium★◇	G&TB	Chrch	130	8	107	70	963	.....
Sunnyrest Sanatorium	TB	Indep	54	..	..	35	15	.....
Union Printers' Home and Tuberculosis Sanat.✚.....	G&TB	Indep	176	..	..	164	95	.....
Cortez, 921—Montezuma								
Johnson Hospital	Gen	Indiv	14	1	22	7	401	.....
Cripple Creek, 1,427—Teller								
Cripple Creek Hospital....	Gen	Indep	34	6	18	30	172	.....
Del Norte, 1,410—Rio Grande								
St. Joseph's Sanitarium...	Gen	Chrch	25	6	38	7	213	.....
Delta, 2,938—Delta								
Western Slope Mem. Hosp.	Gen	Indep	11	3	17	5	162	.....
Denver, 287,861—Denver								
Bethesda Sanatorium	TB	Chrch	68	..	..	35	38	.....
Beth Israel Hospital.....	Gen	Chrch	55	10	37	27	646	.....
Childrens Hospital✚◇	Chil	Indep	147	18	..	111	2,982	.....
Colorado General Hosp.★✚◇	Gen	State	158	20	425	121	2,936	12,380
Colorado Psychopathic Hospital✚⊙	Ment	State	78	..	..	65	734	2,115
Denver General Hosp.★◇..	Gen	CyCo	502	30	658	409	14,600	13,830
Ex-Patients' Tubercular Home	TB	Indep	80	..	..	45	78	.....
Fitzsimons General Hosp..	Gen	Army	1,832	8	56	973	3,784	3,801
Mary H. Donaldson Woman's Hospital of the Florence Crittenton Home	Mat	Indep	27	15	303	14	502	.....
Mercy Hospital★◇	Gen	Chrch	200	25	330	102	3,708	.....
Mt. Airy Sanitarium.....	N&M	Indep	45	..	..	30	274	.....
National Jewish Hospital✚.	TB	Indep	250	..	..	275	212	742
Porter Sanitarium and Hosp.	Gen	Chrch	100	12	105	26	783	.....
Presbyterian Hospital★◇...	Gen	Chrch	150	25	459	75	3,036	.....
St. Anthony's Hospital★◇..	Gen	Chrch	200	18	233	94	2,564	283
St. Joseph's Hospital★◇...	Gen	Chrch	200	25	259	132	3,743	.....
St. Luke's Hospital★◇.....	Gen	Chrch	219	30	507	115	4,059	310
Sands House	TB	Indep	48	..	..	39	28	.....
Steele Memorial Hospital..	Iso	CyCo	85	..	..	30	662	.....
Durango, 5,400—La Plata								
Mercy Hospital◇	Gen	Chrch	42	8	44	19	776	.....
Edgewater, 1,473—Jefferson								
Craig Colony	TB	Indep	55	..	..	54	...	.....
Englewood, 7,980—Arapahoe								
Swedish National Sanat...	TB	Indep	100	..	..	58	...	.....
Fairplay, 221—Park								
Fairplay Hospital	Gen	Indiv	11	2	3	7	241	2,000
Ft. Logan, 1,525—Arapahoe								
Station Hospital	Gen	Army	48	..	..	6	613	1,945

COLORADO—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Ft. Lyon, 26—Bent								
Veterans Admin. Facility.	Ment	TB Vet	500	..	..	400	808	.....
Ft. Morgan, 4,423—Morgan								
Ft. Morgan Hospital.....	Gen	Indiv	25	6	61	11	478	.....
Glenwood Springs, 1,825—Garfield								
Glenwood Springs Sanit...	Gen	Indep	25	6	10	10	225	.....
Dr. Porter's Hospital.....	Gen	Indiv	15	2	21	8	339	.....
Grand Junction, 10,247—Mesa								
St. Mary's Hospital◇.....	Gen	Chrch	65	12	112	35	1,085	.....
Greeley, 12,203—Weld								
Greeley Hospital	Gen	Co	87	13	257	49	1,836	598
Weld County Hospital.....	Gen	Co	70	..	2	50	125	.....
Hayden, 554—Routt								
Solandt Memorial Hospital	Gen	Indep	12	4	21	5	104	.....
Holyoke, 1,226—Phillips								
Holyoke Hospital	Gen	Indiv	10	2	..	4	...	725
La Junta, 7,193—Otero								
A. T. & S. F. Railroad Hosp.	Indus	Indus	36	..	..	27	360	3,775
Mennonite Hosp. and Sanit.◇	G&TB	Chrch	70	10	105	38	697	305
Lamar, 4,233—Prowers								
Charles Maxwell Hospital.	Gen	Indiv	50	7	65	12	562	.....
Las Animas, 2,517—Bent								
Blackwill Hospital	Gen	Indiv	12	4	..	7	174	.....
Leadville, 3,771—Lake								
St. Vincent Hospital.....	Gen	Chrch	26	3	13	12	107	.....
Longmont, 6,029—Boulder								
Longmont Hospital	Gen	Indiv	33	7	52	12	431	648
Monte Vista, 2,610—Rio Grande								
Monte Vista Hospital.....	Gen	Part	12	4	20	4	166	.....
Montrose, 3,566—Montrose								
Montrose Hospital	Gen	Indiv	20	5	25	4	260	.....
St. Luke's Hospital.....	Gen	Indiv	12	2	28	4	162	.....
Oak Creek, 1,211—Routt								
Oak Creek Hospital.....	Gen	Indiv	10	2	14	5	131	.....
Red Cross Hospital.....	Gen	Indiv	12	2	..	5	...	.....
Ouray, 707—Ouray								
Bates Hospital and Sanit.	Gen	Indiv	25	3	12	8	306	.....
Pueblo, 50,096—Pueblo								
Colorado State Hospital...	Ment	State	3,120	..	..	2,829	...	.....
Corwin Hospital◇	Gen	Indus	219	16	116	79	1,695	4,117
Parkview Hospital◇	Gen	Indep	100	6	120	46	1,671	.....
St. Mary Hospital◇.....	Gen	Chrch	150	12	154	55	1,491	862
Woodcroft Hospital	N&M	Indep	130	..	..	64	152	74
Rocky Ford, 3,426—Otero								
Physicians Hospital	Gen	Part	10	3	56	8	685	.....
Salida, 5,065—Chaffee								
D. & R. G. W. Railroad Hospital	Gen	Indus	81	4	19	30	872	1,283
Red Cross Hospital.....	Gen	Indiv	40	3	14	17	446	.....
Spivak, 500—Jefferson								
Sanat. of the Jewish Consumptives' Relief Society✚	TB	Indep	300	..	..	221	130	170
Steamboat Springs, 1,198—Routt								
Steamboat Springs Hospital	Gen	Indiv	10	4	20	4	...	.....
Sterling, 7,195—Logan								
St. Benedict Hospital.....	Gen	Chrch	32	6	60	12	543	.....
Towaoc, 60—Montezuma								
Ute Mountain Indian Hosp.	Gen	I A	24	2	16	9	236	1,060
Trinidad, 11,732—Las Animas								
Mt. San Rafael Hospital◇.	Gen	Chrch	65	10	95	30	1,015	158
Walsenburg, 5,503—Huerfano								
Lamme Brothers Hospital..	Gen	Part	20	3	21	7	268	200
Wheat Ridge, 1,030—Jefferson								
Evangelical Lutheran Sanit.	TB	Chrch	125	..	..	71	31	.....
Woodmen,—El Paso								
Modern Woodmen of America Sanatorium	TB	Frat	250	..	..	65	225	.....
Yuma, 1,360—Yuma								
Lutheran Deaconess Hosp.	Gen	Chrch	12	3	..	3	125	.....
Related Institutions								
Boulder, 11,223—Boulder								
Boulder County Hospital..	Gen	Co	43	4	..	35	344	.....
Mesa Vista Sanatorium....	TB	Part	30	..	..	16	16	.....
Breckenridge, 436—Summit								
Summit County Hospital..	Gen	Co	10	..	1	8	18	.....
Canon City, 5,938—Fremont								
Colorado State Penitentiary Hospital	Inst	State	22	..	..	18	1,116	.....
Colibran, 341—Meso								
Plateau Valley Cong. Hosp.	Gen	Chrch	8	4	7	2	779	.....
Colorado Springs, 33,237—El Paso								
Myron Stratton Home and Hospital	Inst	Indep	20	..	..	14	54	200
Denver, 287,861—Denver								
Costello Home	TB	Indep	15	..	..	8	...	.....
St. Francis Sanitarium....	TB	Chrch	16	..	..	13	...	.....
Salvation Army Women's Home and Hospital.....	Mat	Chrch	8	12	..	..	...	.....
Englewood, 7,980—Arapahoe								
Temple Sanatorium .....TB	Conv	Indiv	27	..	..	20	125	.....
Fruita, 1,053—Mesa								
Fruita Community Hosp..	Gen	Indep	8	1	6	2	81	.....
Golden, 2,426—Jefferson								
Hospital—State Industrial School for Boys.....	Inst	State	22	..	..	7	417	.....
Grand Junction, 10,247—Mesa								
State Home and Training School for Mental Defectives	MeDe	State	280	..	..	275	14	.....
Homelake,—Rio Grande								
Colorado State Soldiers' and Sailors' Home.....	Inst	State	43	..	..	24	163	.....

Key to symbols and abbreviations is on page 1021

COLORADO—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
La Veta, 782—Huerfano								
La Veta Hospital	Gen	Indiv	8	2	6	2	65	100
Longmont, 6,029—Boulder								
St. Vrain Hospital	Gen	Indiv	11	4	25	4	207	.....
Loveland, 5,506—Larimer								
Loveland Hosp. and Clinic	Gen	Part	10	5	23	4	205	.....
Namaqua Hospital	Gen	Indep	14	6	..	4	...	.....
Pueblo, 50,096—Pueblo								
City Isolation Hospital	Iso	City	13	..	..	..	46	.....
Ridge,—Jefferson								
State Home and Training School for Mental Defectives	MeDe	State	202	..	..	200	...	.....
Seibert, 273—Kit Carson								
Seibert Hospital	Gen	Indiv	6	2	2	2	73	.....
Windsor, 1,852—Weld								
Bartz Memorial Hospital	Gen	Indiv	7	2	14	2	68	.....

Summary for Colorado:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	79	11,673	7,840	74,037
Related institutions	21	879	679	5,308
Totals	100	12,552	8,519	79,345
Refused registration	20	694		

CONNECTICUT

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Bridgeport, 146,716—Fairfield								
Bridgeport Hospital★◇	Gen	Indep	326	74	1,294	247	7,868	.....
St. Vincent's Hospital★◇	Gen	Chrch	216	35	709	162	4,817	5,273
Bristol, 28,451—Hartford								
Bristol Hospital◇	Gen	Indep	84	22	329	79	2,102	695
Canaan, 565—Litchfield								
Robert C. Geer Mem. Hosp.	Gen	Indep	25	6	43	8	264	34
Cromwell, 2,814—Middlesex								
Cromwell Hall	Gen	Indiv	35	..	..	18	99	.....
Danbury, 22,261—Fairfield								
Danbury Hospital★◇	Gen	Indep	111	23	379	76	2,366	.....
Derby, 10,788—New Haven								
Griffin Hospital◇	Gen	Indep	82	19	326	50	1,458	.....
Greens Farms, 275—Fairfield								
Hall-Brooke Sanitarium	N&M	Indep	95	..	..	70	146	.....
Greenwich, 5,981—Fairfield								
"Blythewood"	N&M	Indep	66	..	..	48	73	145
Greenwich Hospital◇	Gen	Indep	101	24	298	65	2,070	1,535
Hartford, 164,072—Hartford								
Cedarcrest Sanatorium	TB	State	289	..	..	282	174	.....
Charter Oak Private Hosp.	Gen	Indep	14	..	..	7	155	.....
Hartford Hospital★◇	Gen	Indep	693	87	1,666	486	13,571	.....
Hartford Municipal Hospital, Dept. of Communicable Diseases✚⊙	Iso	City	65	..	..	26	520	.....
Mt. Sinai Hospital	Gen	Indep	65	10	190	41	1,384	.....
Municipal Hospital★	Gen	City	175	30	411	161	3,985	3,735
Neuro-Psychiatric Inst. and Hospital of the Hartford Retreat✚	N&M	Indep	200	..	..	185	377	.....
St. Francis Hospital★◇	Gen	Chrch	450	75	1,251	268	8,842	985
Wildwood Sanatorium	TB	Indep	50	..	..	43	...	.....
Manchester, 5,700—Hartford								
Manchester Memorial Hosp.	Gen	Indep	55	11	239	43	1,305	1,060
Meriden, 38,481—New Haven								
Meriden Hospital★◇	Gen	Indep	112	24	331	68	1,921	760
Undercliff, Meriden State Tuberculosis Sanatorium✚	TB	State	252	..	..	225	235	340
Middletown, 24,554—Middlesex								
Connecticut State Hosp.✚◇	Ment	State	3,200	..	..	3,189	744	100
Middlesex Hospital★◇	Gen	Indep	135	25	430	100	2,828	.....
Milford, 12,660—Milford								
Milford Hospital	Gen	Indep	50	15	106	12	640	78
New Britain, 68,128—Hartford								
New Britain General Hosp.★◇	Gen	Indep	204	36	640	118	3,480	5,998
New Haven, 162,655—New Haven								
Dr. J. H. Evans' Private Hospital	Gen	Indiv	10	4	20	3	97	.....
Grace Hospital★◇	Gen	Indep	242	44	680	177	5,183	986
Hospital of St. Raphael★◇	Gen	Chrch	250	28	665	206	6,129	304
New Haven Hospital★✚◇	Gen	Indep	468	42	715	314	6,701	26,754
Psychiatric Clinic, Yale School of Medicine	(Included in New Haven Hospital)							
Newington, 4,572—Hartford								
Newington Home for Crippled Children	Orth	Indep	210	..	..	186	120	309
Veterans Admin. Facility	Gen	Vet	266	..	..	181	1,758	1,300
New London, 29,640—New London								
Home Memorial Hospital	Gen	Indep	48	12	121	18	477	63
Lawrence and Memorial Associated Hospitals★◇	Gen	Indep	191	42	475	115	2,653	.....
Dr. Lena's Surgical Hosp.	Surg	Indiv	24	..	..	17	738	.....
New Milford, 4,700—Litchfield								
New Milford Hospital	Gen	Indep	35	10	104	15	406	.....
Newtown, 482—Fairfield								
Fairfield State Hospital	Ment	State	500	..	..	238	386	.....
Niantic, 1,697—New London								
The Seaside	TB	State	59	..	..	58	11	.....
Norwalk, 36,019—Fairfield								
Norwalk General Hosp.★◇	Gen	Indep	142	23	471	78	3,039	.....

CONNECTICUT—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Norwich, 23,021—New London								
Norwich State Hospital	Ment	State	2,923	..	..	2,771	1,060	.....
Norwich State Tuberculosis Sanat. (Uncas-on-Thames)✚	TB	State	404	..	..	377	532	.....
William W. Backus Hosp.★◇	Gen	Indep	127	28	319	79	2,096	937
Putnam, 7,318—Windham								
Day Kimball Hospital	Gen	Indep	73	10	132	35	1,272	900
Rockville, 7,445—Tolland								
Rockville City Hospital	Gen	Indep	35	10	76	12	424	.....
Sharon, 1,710—Litchfield								
Sharon Hospital	Gen	Indep	40	12	131	15	572	.....
Shelton, 10,113—Fairfield								
Laurel Heights State Tuberculosis Sanatorium	TB	State	350	..	..	291	369	.....
South Norwalk, 8,968—Fairfield								
Dr. Wadsworth's Sanitarium	N&M	Indiv	35	..	..	15	10	.....
Stafford Springs, 3,492—Tolland								
Cyril and Julia C. Johnson Memorial Hospital	Gen	Indep	32	12	121	19	446	114
Stamford, 46,346—Fairfield								
Dr. Barnes Sanitarium	N&M	Indiv	60	..	..	40	107	.....
Stamford Hall	N&M	Indep	250	..	..	165	...	.....
Stamford Hospital★◇	Gen	Indep	230	36	583	111	3,465	995
Tophassee Grange	N&M	Indep	28	..	..	14	16	.....
Thompsonville, 8,525—Hartford								
Elmcroft—Dr. Vail's Sanat.	N&M	Indep	30	..	..	14	...	.....
Torrington, 26,040—Lichtfield								
Charlotte Hungerford Hosp.	Gen	Indep	130	20	319	58	1,724	1,178
Wallingford, 11,170—New Haven								
Gaylord Farm Sanatorium	TB	Indep	140	..	..	143	238	900
Waterbury, 99,902—New Haven								
St. Mary's Hospital★◇	Gen	Chrch	220	44	833	153	6,342	8,896
Waterbury Hospital★◇	Gen	Indep	321	36	576	160	4,231	2,000
West Haven, 25,808—New Haven								
William Wirt Winchester Hospital	(Included in New Haven Hospital)							
Westport, 6,073—Fairfield								
Westport Sanitarium	N&M	Indep	90	..	..	62	90	.....
Willimantic, 12,102—Windham								
Windham Community Memorial Hospital	Gen	Indep	72	19	..	New	...	204
Winsted, 7,883—Litchfield								
Litchfield County Hospital	Gen	Indep	64	11	135	35	956	.....
Related Institutions								
Bridgeport, 146,716—Fairfield								
Englewood Hospital	TbIs	City	150	..	..	63	643	.....
Hillside Home and Hospital	Inst	City	260	..	..	185	886	.....
Cheshire, 3,263—New Haven								
Connecticut Reformatory	Inst	State	28	..	..	6	...	.....
Essex, 2,777—Middlesex								
Pettipaug Lodge and Sanit.	Conv	Indiv	18	..	..	10	16	.....
Greenwich, 5,981—Fairfield								
Dr. Bowman's Sanatorium.	Conv	Indiv	15	..	..	10	7	.....
Crest View Sanitarium	N&M	Indep	22	..	..	18	19	.....
Municipal Hospital	TbIs	City	61	..	..	6	121	.....
Guilford, 1,880—New Haven								
Guilford Sanatorium	Gen	Indep	16	5	..	2	108	.....
Hamden, 5,000—New Haven								
Children's Community Center	Inst	Indep	32	..	..	24	210	.....
Mansfield Depot, 306—Tolland								
Mansfield State Training School and Hospital	MeDe	State	1,200	..	..	1,176	88	.....
Meriden, 38,481—New Haven								
Connecticut School for Boys	Inst	State	30	..	..	4	327	.....
Middletown, 24,554—Middlesex								
Long Lane Farm	Inst	State	9	..	..	5	...	.....
New Canaan, 2,372—Fairfield								
Silver Hill	Nerv	Indep	10	..	..	6	...	.....
New Haven, 162,655—New Haven								
Jewish Home for the Aged	Inst	Indep	38	..	..	38	...	.....
Springside Home and Hosp.	Inst	City	70	..	..	68	98	.....
Yale Infirmary	Inst	Indep	34	..	..	6	509	.....
New London, 29,640—New London								
Connecticut College Infirm.	Inst	Indep	12	..	..	1	449	.....
Niantic, 1,697—New London								
Connecticut State Farm for Women	Inst	State	60	12	48	45	175	.....
Noroton Heights, 700—Fairfield								
Soldiers Hospital	Inst	State	128	..	..	122	160	.....
Springdale, 663—Fairfield								
Nestledown Home	Conv	Indiv	12	..	..	8	...	.....
Stratford, 19,212—Fairfield								
Sunnyside Sanitarium	Conv	Indiv	15	..	..	7	47	.....
West Hartford, 24,941—Hartford								
St. Agnes Home	Mat	Chrch	10	12	66	2	71	.....
West Haven, 25,808—New Haven								
West Haven Conv. Home.	Conv	Indiv	6	..	..	3	12	.....
West Haven Maternity Home	Mat	Part	8	6	85	5	160	.....
Wethersfield, 7,512—Hartford								
Connecticut State Prison Hospital	Inst	State	30	..	..	21	227	.....
Woodmont, 531—New Haven								
Woodmont Hall	Conv	Indep	15	..	..	4	21	.....

Summary for Connecticut:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	59	15,218	12,151	113,266
Related institutions	26	2,264	1,852	5,370
Totals	85	17,482	14,003	118,636
Refused registration	1	35		

Key to symbols and abbreviations is on page 1021

DELAWARE

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Dover, 4,800—Kent								
Kent General Hospital....	Gen	Indep	40	8	118	22	838	.....
Farnhurst, 332—New Castle								
Delaware State Hospital✚◇	Ment	State	950	..	..	852	354	1,233
Ft. Dupont (Delaware City P.O.)—New Castle								
Station Hospital	Gen	Army	28	..	..	7	232	915
Lewes, 1,923—Sussex								
Beebe Hospital◇	Gen	Indep	60	8	34	21	686	.....
Marshallton, 630—New Castle								
Brandywine Sanatorium ..	TB	State	112	..	..	82	59	16
Edgewood Sanatorium (col.)	TB	State	32	..	..	30	36	.....
Milford, 3,719—Sussex								
Marshall Hospital	Gen	Part	30	..	26	7	252	.....
Milford Emergency Hosp.◇	Gen	Indep	39	6	58	20	589	315
Wilmington, 106,597—New Castle								
Delaware Hospital★◇	Gen	Indep	176	24	364	129	4,233	6,609
Homeopathic Hospital◇ ...	Gen	Indep	165	30	459	99	3,383	5,290
St. Francis Hospital◇.....	Gen	Chrch	70	12	237	56	1,711	1,500
Wilmington General Hosp.◇	Gen	Indep	115	18	390	71	2,404	4,820
Related Institutions								
Marshallton, 630—New Castle								
Sunnybrook Cottage	Conv	Indep	22	..	..	22	64	.....
Stockley, 138—Sussex								
Delaware Colony	MeDe	State	370	..	..	232	58	.....

Summary for Delaware:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums.....	12	1,740	1,385	14,526
Related institutions.....	2	392	254	122
Totals.....	14	2,132	1,639	14,648
Refused registration.....	0			

DISTRICT OF COLUMBIA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Washington, 486,869								
Carson's Private Hosp. (col.)	Gen	Indiv	15	4	30	11	280	.....
Central Dispensary and Emergency Hospital★◇...	Gen	Indep	260	..	..	193	6,537	46,506
Chevy Chase Sanatorium..	N&M	Indiv	22	..	..	18	62	.....
Children's Hospital✚◎	Chil	Indep	182	..	..	112	6,006	11,028
Columbia Hosp. for Women and Lying-In Asylum✚...	Mat	Indep	120	79	1,574	81	2,742	2,171
Eastern Dispensary and Casualty Hospital	Gen	Indep	110	25	16	40	1,515	6,205
Episcopal Eye, Ear and Throat Hospital✚	ENT	Chrch	100	..	..	60	5,530	17,875
Freedmen's Hospital (col.)★◇	Gen	Fed	316	86	747	232	4,162	9,319
Gallinger Municipal Hosp.★✚◇	Gen	City	750	54	1,938	583	15,620	.....
Garfield Memorial Hosp.★◇	Gen	Indep	278	43	670	156	10,119	2,989
Georgetown Univ. Hosp.★◇	Gen	Indep	213	51	590	128	3,817	4,249
George Washington University Hospital★	Gen	Indep	92	18	391	63	2,309	1,531
National Homeopathic Hospital◇	Gen	Indep	60	20	214	32	1,333	820
Providence Hospital★◇ ...	Gen	Chrch	235	30	526	147	4,627	22,062
St. Elizabeths Hospital★◇..	Gen	Fed	459	4	5	340	1,881	16,450
St. Elizabeths Hospital✚◇..	Ment	Fed	4,845	..	..	4,970	900	Affil
Sibley Memorial Hospital★◇	Gen	Chrch	235	75	1,707	195	5,500	2,828
Tuberculosis Hospital	TB	State	220	..	..	202	254	.....
U. S. Naval Hospital.....	Gen	Navy	328	..	..	322	2,519	5,137
Veterans Admin. Facility..	Gen	Vet	310	..	..	203	2,430	5,122
Walter Reed General Hosp.	Gen	Army	1,027	22	264	816	6,951	.....
Washington Sanitarium and Hospital★◇	Gen	Chrch	170	12	207	104	1,773	3,804
Related Institutions								
Washington, 468,869								
Children's Summer Health Camp	TB	Indep	50	..	..	50	...	.....
District Training School (Laurel, Md. P. O.).....	MeDe	Fed	500	..	..	450	56	.....
Florence Crittenton Home.	Mat	Indep	10	10	41	3	128	.....
Home for the Aged and Infirm	Inst	State	82	..	..	82	127	.....
Kendall House Sanitarium.	Conv	Indiv	22	..	..	10	102	.....
National Training School for Boys Hospital	Inst	Fed	25	..	..	15	...	.....
St. John's Orphanage.....	Inst	Chrch	14	..	..	1	56	.....
U. S. Soldiers' Home Hosp.	Inst	Army	500	..	..	292	1,605	.....
Washington Eye, Ear, and Throat Hospital	ENT	Indiv	14	..	..	1	362	952
Washington Home for Incurables	Inc	Indep	140	..	..	138	58	.....

Summary for District of Columbia:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums.....	22	10,039	9,008	107,836
Related institutions.....	10	1,402	1,049	2,545
Totals.....	32	11,441	10,057	110,381
Refused registration.....	0			

FLORIDA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Arcadia, 4,082—De Soto								
Arcadia General Hospital..	Gen	Indep	25	3	32	9	619	.....
Bartow, 5,269—Polk								
Bartow General Hospital...	Gen	Indiv	20	5	29	6	340	.....
Polk County Hospital.....	Gen	Co	56	5	70	51	982	2,433
Bradenton, 5,986—Manatee								
Bradenton General Hospital	Gen	Indep	15	4	16	5	233	.....
Century, 1,525—Escambia								
Tuberville Hospital	Gen	Part	30	4	10	9	360	.....
Chattahoochee, 450—Gadsden								
Florida State Hospital◇...	Ment	State	3,950	..	..	3,809	1,283	.....
Clearwater, 7,607—Pinellas								
Morton F. Plant Hospital.	Gen	Indep	35	10	48	9	3,337	.....
Coral Gables, 5,697—Dade								
University Hospital	Gen	Indep	35	12	97	12	1,087	.....
Dade City, 1,811—Pasco								
Dr. T. F. Jackson's Hosp..	Gen	Indiv	12	1	5	4	174	187
Daytona Beach, 16,598—Volusia								
Daytona Beach Sanitarium	Gen	Indiv	20	2	20	5	247	.....
Halifax District Hospital..	Gen	Indep	125	..	..	26	911	1,292
Halifax District Hospital (Colored Annex)	Gen	Indep	18	3	..	9	230	98
De Land, 5,246—Volusia								
De Land Memorial Hospital	Gen	Indep	26	11	46	5	256	.....
Ft. Barrancas, 30—Escambia								
Station Hospital	Gen	Army	30	..	..	8	255	1,600
Ft. Lauderdale, 8,666—Broward								
Memorial Hospital	Gen	Indep	35	7	62	12	503	250
Ft. Myers, 9,082—Lee								
Lee Memorial Hospital....	Gen	Indep	24	4	44	8	320	.....
Ft. Pierce, 4,803—St. Lucie								
Oakland Park Hospital	Gen	City	16	4	..	3	...	.....
Gainesville, 10,465—Alachua								
Alachua County Hospital..	Gen	Co	65	10	87	18	754	272
Homestead, 2,319—Dade								
Post Graduate Hospital...	Gen	Part	15	5	..	4	100	.....
Jacksonville, 129,549—Duval								
Brewster Hospital (col.)◇..	Gen	Chrch	75	9	89	28	672	4,315
Duval County Hospital★..	Gen	Co	170	15	610	172	2,838	8,243
Dr. Randolph's Sanitarium.	N&M	Indiv	10	..	..	5	11	.....
Riverside Hospital◇	Gen	Indep	40	6	59	20	772	2,241
St. Luke's Hospital★◇.....	Gen	Indep	153	22	366	65	2,373	396
St. Vincent's Hospital◇....	Gen	Chrch	200	40	437	82	2,665	.....
Key West, 12,831—Monroe								
U. S. Marine Hospital.....	Gen	USPH	65	..	..	99	768	1,019
Lake City, 4,416—Columbia								
Lake Shore Hospital.....	Gen	Indep	15	5	26	7	280	.....
Veterans Admin. Facility..	Gen	Vet	307	..	..	270	2,265	.....
Lakeland, 18,544—Polk								
Morrell Memorial Hospital◇	Gen	City	93	18	89	25	1,054	.....
Manatee, 3,219—Manatee								
Riverside Hospital	Gen	Indiv	20	3	20	6	360	.....
Marianna, 3,372—Jackson								
Baltzell Hospital	Gen	Indiv	12	1	4	4	152	.....
Melbourne, 2,677—Brevard								
Brevard Hospital	Gen	Indep	12	2	13	5	161	.....
Miami, 110,637—Dade								
Biltmore Hospital	Gen	Indiv	30	6	21	4	140	.....
Dade County Hospital.....	Gen	Co	92	8	151	54	1,474	5,424
James M. Jackson Memorial Hospital★◇	Gen	City	350	30	480	232	7,034	23,143
Miami Retreat	N&M	Indiv	65	..	..	14	141	.....
Victoria Hospital	Gen	Indiv	62	12	245	25	1,388	.....
Miami Beach, 6,494—Dade								
St. Francis Hospital.....	Gen	Chrch	100	6	46	31	894	1,200
Ocala, 7,281—Marion								
Munroe Memorial Hospital◇	Gen	CyCo	85	10	67	16	527	.....
Orlando, 27,330—Orange								
Florida Sanit. and Hosp.◇..	Gen	Chrch	125	14	80	39	1,105	2,102
Orange General Hospital◇.	Gen	Indep	150	20	231	69	2,234	.....
Palatka, 6,500—Putnam								
Glendale Terrace Hospital.	Gen	Part	16	4	..	6	...	.....
Mary Lawson Sanat (col.).	Gen	Indiv	25	6	5	2	55	.....
Parkview Hospital	Gen	Indiv	26	6	18	4	112	800
Panama City, 5,402—Bay								
Panama City Hospital....	Gen	Indep	15	2	21	3	248	.....
Whitfield Hospital	Gen	Indiv	20	5	22	3	171	.....
Pensacola, 31,579—Escambia								
Pensacola Hospital◇	Gen	Chrch	112	15	183	41	1,733	.....
U. S. Naval Hospital.....	Gen	Navy	190	..	..	130	1,259	5,715
Quincy, 3,788—Gadsden								
Gadsden County Hospital.	Gen	Indep	22	4	22	6	276	.....
St. Augustine, 12,112—St. Johns								
East Coast Hospital◇.....	Gen	Indus	65	4	43	38	937	3,623
Flagler Hospital	Gen	Indep	85	5	102	30	732	1,524
St. Petersburg, 49,425—Pinellas								
City Hospital (Mercy Hospital—col.)	Gen	City	25	2	9	7	197	.....
City Hospital (Mound Park Hospital)◇	Gen	City	68	14	211	42	2,238	.....
St. Anthony's Hospital....	Gen	Chrch	50	10	50	12	478	1,663
Sanford, 10,100—Seminole								
Fernald-Laughton Hospital.	Gen	Indep	20	6	69	7	426	.....
Sarasota, 8,398—Sarasota								
Joseph Halton Hospital....	Gen	Indiv	10	5	17	4	140	.....
Sarasota Hospital	Gen	CyCo	65	12	38	25	321	.....
Sebring, 2,912—Highlands								
Sebring General Hospital..	Gen	Indiv	10	2	5	3	138	.....
Dr. Weems' Hospital.....	Gen	Indiv	13	2	20	3	192	.....
Seminole (Clearwater P.O.)—Pinellas								
Veterans Admin. Facility..	Gen	Vet	159	..	..	New	...	168
Tallahasse, 10,700—Leon								
Johnston's Sanitarium	Gen	Indiv	20	6	28	11	341	.....

Key to symbols and abbreviations is on page 1021

FLORIDA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Tampa, 101,161—Hillsborough								
Centro Asturiano Hospital	Gen	Frat	70	4	59	48	985	10,158
Children's Hospital	Chil	Indep	26	..	..	7	404	.....
Dr. H. M. Cook's Hospital	Gen	Indiv	32	12	..	27	...	.....
Tampa Municipal Hosp.★◇	Gen	City	169	25	562	109	3,802	7,040
Tampa Negro Hospital	Gen	City	33	1	64	16	464	.....
Umatilla, 907—Lake								
Lake County Medical Center	Gen	Indep	24	6	12	9	368	.....
West Palm Beach, 26,610—Palm Beach								
Good Samaritan Hospital◇	Gen	Indep	110	14	..	43	1,730	.....
Pine Ridge Hospital (col.)	Gen	Indep	35	5	..	18	374	.....
Related Institutions								
Brooksville, 1,405—Hernando								
Hernando General Hospital	Gen	Indep	12	2	..	3	...	.....
Ft. Myers, 9,082—Lee								
Jones-Walker Hospital (col.)	Gen	Indep	7	..	..	2	54	.....
Gainesville, 10,465—Alachua								
Florida Farm Colony for Epileptic & Feebleminded	MeDe	State	525	..	..	488	65	.....
Jacksonville, 129,549—Duval								
Hope Haven Tuberculosis Preventorium	TbOr	Indep	25	..	..	20	70	.....
Largo, 1,429—Pinellas								
Pinellas County Home	TB	Co	20	..	..	14	20	.....
Leesburg, 4,113—Lake								
Theresa Holland Clinic	Gen	Indiv	12	4	23	5	219	.....
Miami, 110,637—Dade								
Christian Hospital (col.)	Gen	Indep	25	4	30	15	158	.....
Sun-Ray Park Hotel & Sanit.	Conv	Indep	50	..	..	30	144	.....
Orange Park, 661—Clay								
Moosehaven Hospital	Inst	Frat	30	..	..	20	100	.....
Raiford, 460—Union								
Florida State Farm Hosp.	Gen	State	60	..	..	60	1,560	.....
St. Petersburg, 40,425—Pinellas								
American Legion Hospital for Crippled Children	Orth	Indep	30	..	..	15	103	19
Earle Restorium	Conv	Indiv	18	..	..	10	50	.....
Stuart, 1,924—Martin								
St. Lucie Sanitarium	Gen	Indep	10	3	15	5	142	10
Tallahassee, 10,700—Leon								
Florida Agricultural and Mechanical College Hospital (col.)	Gen	State	43	2	6	13	500	4,723
Tampa, 101,161—Hillsborough								
Hillsboro County Tuberculosis Sanatorium	TB	Co	64	..	..	52	83	.....
Mills Hospital	N&M	Indiv	10	..	..	4	...	.....
Pine Heath Preventorium	TB	Indep	30	..	..	12	126	350
Tampa Sanitarium	Gen	Indiv	10	..	..	2	25	76
Umatilla, 907—Lake								
Harry-Anna Memorial Home for Crippled Children	Orth	Indep	30	..	..	24	New	.....
Vero Beach, 2,268—Indian River								
Indian River Hospital	Gen	Indiv	12	5	13	4	144	.....
Wauchula, 2,574—Hardee								
Wauchula Infirmary	Gen	Indep	8	5	10	3	130	.....
Winter Haven, 7,130—Polk								
Winter Haven General Hosp.	Gen	Indep	15	5	..	9	244	.....

Summary for Florida:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	69	8,136	5,937	60,532
Related institutions	22	1,046	804	4,662
Totals	91	9,182	6,741	65,194
Refused registration	20	562		

GEORGIA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Albany, 14,507—Dougherty								
Phoebe Putney Memorial Hospital	Gen	Indep	44	5	78	16	889	.....
Alto, 219—Habersham								
State Tuberculosis Sanat.	TB	State	327	..	..	268	800	1,492
Americus, 8,760—Sumter								
Americus and Sumter County Hospital	Gen	Indep	20	3	16	5	293	.....
Americus Colored Hospital.	Gen	Indiv	50	8	..	17	...	.....
Athens, 18,192—Clarke								
Athens General Hospital	Gen	Co	52	8	55	19	753	696
Fairhaven Tuberculosis Sanatorium	TB	Indep	36	..	..	19	24	.....
St. Mary's Hospital⊙	Gen	Indep	35	4	26	12	338	.....
Atlanta, 360,691—Fulton								
Albert Steiner Clinic for Cancer and Allied Diseases✚⊙	Ca	City	30	..	..	21	616	2,338
Atlanta Hospital	Gen	Indiv	20	4	25	9	675	.....
Battle Hill Sanatorium	TB	CyCo	226	..	..	225	419	160
Blackman Sanatorium	Gen	Indiv	20	..	..	10	300	165
Crawford W. Long Memorial Hospital	Gen	Indep	142	12	395	57	2,981	48
Douglas Infirmary (col.)	Gen	Part	22	..	..	10	...	.....

GEORGIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Georgia Baptist Hospital★◇	Gen	Chrch	130	20	434	81	4,231	267
Georgia Sanitarium	Gen	Indiv	10	2	..	2	28	148
Grady Hospital (White Unit)★◇	Gen	City	277	53	1,258	244	9,340	30,000
Grady Hospital, Emory University Division (Colored Unit)★✚	Gen	City	230	33	1,673	227	6,448	25,236
Henrietta Egleston Hospital for Children✚	Chil	Indep	50	2	..	24	766	.....
Piedmont Hospital★◇	Gen	Indep	120	15	198	50	2,157	.....
St. Joseph Infirmary◇	Gen	Chrch	125	15	180	48	1,945	.....
St. Mary's Hospital	Mat	Indiv	16	18	12	12	12	.....
Veterans Admin. Facility	Gen	Vet	210	..	..	187	1,684	10,932
William A. Harris Memorial Hospital (col.)	Gen	Indiv	13	2	..	6	239	121
Augusta, 60,342—Richmond								
University Hospital★✚◇	Gen	City	267	30	349	164	5,227	3,577
Veterans Admin. Facility✚	Ment	Vet	966	..	..	857	783	481
Wilhenford Hospital	Gen	Indep	50	4	48	16	781	.....
Bainbridge, 6,141—Decatur								
Bainbridge Hospital	Surg	Indiv	32	1	..	22	407	.....
Riverside Hospital	Gen	Part	30	4	..	14	356	.....
Brunswick, 14,022—Glynn								
Brunswick City Hospital	Gen	CyCo	64	8	..	18	...	.....
Cairo, 3,169—Grady								
Cairo Hospital	Gen	Indiv	25	4	..	6	...	.....
Canton, 2,892—Cherokee								
Cokers' Hospital	Gen	Indep	25	2	32	12	453	.....
Cedartown, 8,124—Polk								
Cedartown Hospital	Gen	Indiv	10	2	..	..	...	.....
Hall-Chaudron Hospital	Gen	Indiv	10	2	14	3	100	.....
Whitely Hospital	Gen	Indiv	10	2	4	4	246	.....
Columbus, 43,131—Muscogee								
Columbus City Hospital◇	Gen	CyCo	200	12	234	91	3,922	5,030
Cuthbert, 3,235—Randolph								
Patterson Hospital	Gen	Indiv	28	3	18	7	342	.....
Dalton, 8,160—Whitfield								
Hamilton Memorial Hosp.	Gen	Indep	36	3	..	6	...	.....
Decatur, 13,276—De Kalb								
Scottish Rite Hospital for Crippled Children	Orth	Frat	32	..	..	37	253	882
Donalsonville, 1,183—Seminole								
Chason's Hospital	Gen	Part	30	10	78	12	180	150
Dublin, 6,681—Laurens								
Claxton Sanitarium	Gen	Indiv	30	2	56	11	544	.....
Eastman, 3,022—Dodge								
Coleman Sanitarium	Gen	Indiv	20	2	9	6	200	.....
Elberton, 4,650—Elbert								
Elbert County Hospital	Gen	CyCo	16	5	26	5	260	.....
Emory University,—De Kalb								
Emory University Hosp.★◇	Gen	Indep	130	15	128	75	2,830	.....
Fitzgerald, 8,412—Ben Hill								
Fitzgerald Hospital	Gen	Indep	30	4	..	10	350	.....
Ft. Benning,—Chattahooche								
Station Hospital	Gen	Army	239	8	152	138	4,012	10,223
Ft. McPherson, 150—Fulton								
Station Hospital	Gen	Army	130	4	48	39	1,228	3,225
Ft. Oglethorpe, 1,186—Catoosa								
Station Hospital	Gen	Army	78	..	..	23	680	460
Ft. Screven, 17—Chatham								
Station Hospital	Gen	Army	49	..	..	10	338	418
Gainesville, 8,624—Hall								
Downey Hospital◇	Gen	Indep	52	6	44	20	847	.....
Griffin, 10,321—Spalding								
R. F. Strickland and Son Memorial Hospital	Gen	Indiv	46	5	43	17	716	.....
Hoschton, 427—Jackson								
Allen Clinic and Hospital	Gen	Part	10	2	4	4	131	.....
Jesup, 2,303—Wayne								
Drs. Colvin-Ritch Sanitarium	Gen	Part	16	3	18	8	263	.....
Lagrange, 20,131—Troup								
Dunson Hospital	Gen	City	35	6	..	..	...	.....
Macon, 64,045—Bibb								
Hopewell Sanatorium	TB	CyCo	24	..	..	23	41	.....
Macon Hospital★◇	Gen	CyCo	140	20	782	87	4,500	11,680
Middle Georgia Hospital⊙	Gen	Indep	50	8	..	20	1,118	.....
Oglethorpe Private Infirm.⊙	Gen	Indep	35	6	31	14	711	.....
Pumpelly-Massenburg Sanat.	Gen	Indep	26	5	30	7	541	.....
St. Luke Hospital (col.)	Gen	Indiv	12	1	10	3	130	.....
Marietta, 7,638—Cobb								
Marietta Hospital	Gen	Indep	35	4	..	9	...	.....
Metter, 1,424—Candler								
Metter Sanitarium	Gen	Indiv	10	2	..	2	...	.....
Milledgeville, 5,534—Baldwin								
Allen's Invalid Home	N&M	Indiv	150	..	..	98	260	.....
Milledgeville City Hospital	Gen	Indep	40	6	29	29	634	.....
Milledgeville State Hosp.⊙	Ment	State	5,900	..	..	5,671	864	.....
Millen, 2,527—Jenkins								
Millen Hospital	Gen	Indiv	22	4	12	6	319	.....
Monroe, 3,706—Walton								
Walton County Hospital	Gen	Indep	16	1	6	4	180	100
Moultrie, 8,027—Colquitt								
Edmonson-Brannen Hosp.	Gen	Part	12	2	6	6	226	.....
Newnan, 6,386—Coweta								
Newnan Hospital	Gen	Indep	25	4	15	9	290	.....
Plains, 609—Sumter								
Wise Sanitarium	Gen	Indep	60	2	9	9	355	.....
Rome, 21,843—Floyd								
Harbin Hospital◇	Gen	Part	65	5	76	18	1,226	.....
McCall Hospital	Gen	Indep	60	10	148	18	2,470	5,600
Sandersville, 3,011—Washington								
Rawling's Sanitarium	Gen	Indep	50	6	..	15	580	3,000

Key to symbols and abbreviations is on page 1021

GEORGIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Savannah, 85,024—Chatham								
Central of Georgia Railway Hospital	Indus	Indus	62	..	..	39	1,424	1,672
Charity Hospital (col.)	Gen	Indep	39	10	216	47	2,238	288
Georgia Infirmary (col.)◇	Gen	Indep	70	6	227	56	1,822	.....
Oglethorpe Sanatorium⊙	Gen	Indiv	50	8	80	20	916	.....
St. Joseph Hospital◇	Gen	Chrch	75	12	126	31	1,334	.....
Telfair Hospital⊙	Gen	Indep	66	16	333	51	1,698	.....
U. S. Marine Hospital	Gen	USPH	145	..	..	156	1,060	3,492
Warren A. Candler Hosp.◇	Gen	Chrch	70	10	173	42	2,047	875
Smyrna, 1,178—Cobb								
Dr. Brawner's Sanitarium	N&M	Indiv	40	..	..	17	...	.....
Statesboro, 3,996—Bulloch								
Van Buren's Sanit. (col.)	Gen	Indiv	25	..	15	5	25	75
Stone Mountain, 1,355—DeKalb								
Stone Mountain Sanitarium	N&M	Indiv	35	..	..	18	...	65
Summerville, 933—Chattooga								
Summerville-Trion Hospital	Gen	Indep	20	6	17	6	331	1,125
Swainsboro, 2,442—Emanuel								
Franklin's Sanitarium	Gen	Indiv	20	2	3	5	110	.....
Thomasville, 11,733—Thomas								
John D. Archbold Memorial Hospital	Gen	Indep	103	12	60	28	1,289	568
Tifton, 3,390—Tift								
Coastal Plain Hospital	Gen	Part	23	2	..	6	...	.....
Valdosta, 13,482—Lowndes								
Frank Bird Hospital	Gen	Indiv	22	3	15	7	330	.....
Little-Griffin Private Hosp.	Gen	Indep	45	3	57	18	811	2,553
Washington, 3,158—Wilkes								
Washington General Hosp.	Gen	Indep	20	2	12	6	228	.....
Waycross, 15,510—Ware								
Atlantic Coast Line Hosp.	Indus	Indus	75	..	..	43	1,105	8,854
Ware County Hospital	Gen	Co	62	8	..	32	1,242	250
Related Institutions								
Adel, 1,796—Cook								
Adel Hospital	Gen	Part	7	..	..	1	...	.....
Atlanta, 360,691—Fulton								
Brook Haven Manor Sanat.	N&M	Indiv	12	..	..	3	27	.....
Florence Crittenton Home.	Mat	Indep	25	15	39	5	39	.....
U. S. Penitentiary Hosp.	Inst	Fed	179	..	..	105	1,406	.....
Venereal Hospital & Clinic	Ven	City	75	..	..	70	1,120	4,109
Barwick, 499—Brooks								
Sanchez Private Sanitarium	Gen	Indiv	15	2	..	4	...	.....
Cartersville, 5,250—Bartow								
Dr. Lowry's Emergency Hosp.	Gen	Indiv	8	4	..	..	...	.....
Cave Spring, 723—Floyd								
Georgia School for the Deaf	Inst	State	30	..	..	6	200	.....
Columbus, 43,131—Muscogee								
Muscogee County Tuberculosis Sanatorium	TB	Co	36	..	..	26	...	.....
Cordele, 6,880—Crisp								
Cordele Sanatorium	Gen	Part	11	..	2	2	98	.....
Gillespie Hospital (col.)	Gen	Chrch	14	2	3	4	129	25
Gracewood, 91—Richmond								
Georgia Training School for Mental Defectives	MeDe	State	253	..	..	250	...	.....
LaFayette, 2,809—Walker								
LaFayette Sanitarium	Gen	Indiv	15	2	..	1	75	.....
Milledgeville, 5,534—Baldwin								
Georgia State Penitentiary General Hospital	Inst	State	50	..	..	30	...	.....
Georgia State Penitentiary Tubercular Hospital	Inst	State	75	..	..	75	.....	.....
Moultrie, 8,027—Colquitt								
Daniel Emergency Sanit.	Gen	Indiv	9	1	..	4	...	.....
Savannah, 85,024—Chatham								
Kiwanis Sunshine Preventorium	TB	Indep	12	..	..	12	...	.....
Statesboro, 3,996—Bulloch								
Statesboro Hospital	Gen	Part	24	2	..	5	...	.....
Warm Springs, 400—Meriwether								
Georgia Warm Springs Foundation	Orth	Indep	86	..	..	70	...	.....

Summary for Georgia:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	93	12,362	9,880	94,239
Related institutions	18	921	679	5,576
Totals	111	13,283	10,559	99,815
Refused registration	1	14		

IDAHO

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
American Falls, 1,280—Power								
Schiltz Memorial Hospital	Gen	Co	16	4	..	6	...	.....
Blackfoot, 3,199—Bingham								
Blackfoot General Hospital	Gen	Indiv	15	..	..	8	...	.....
Boise, 21,544—Ada								
St. Alphonsus Hospital◇	Gen	Chrch	125	10	156	49	1,608	198
St. Luke's Hospital◇	Gen	Chrch	100	14	318	76	2,721	.....
Veterans Admin. Facility	Gen	Vet	302	..	..	161	981	31
Bonners Ferry, 1,418—Boundary								
Bonners Ferry Hospital	Gen	Indep	25	5	32	5	283	.....

IDAHO—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Burley, 3,826—Cassia								
Fremstad Hospital	Surg	Indiv	10	..	..	2	...	.....
Coeur d'Alene, 8,297—Kootenai								
Lakeside Hospital	Gen	Indiv	14	4	6	7	243	.....
Cottonwood, 519—Idaho								
Our Lady of Consolation Hospital	Gen	Chrch	14	4	10	6	308	.....
Ft. Hall, 190—Bingham								
Ft. Hall Indian Agency Hospital	Gen	I A	14	6	47	9	202	454
Gooding, 1,592—Gooding								
Gooding County Hospital	Gen	CyCo	15	3	29	3	...	.....
Hailey, 973—Blaine								
Hailey Clinical Hospital	Gen	Indiv	15	6	..	..	...	.....
Idaho Falls, 9,429—Bonneville								
Idaho Falls Latter-Day Saints' Hospital◇	Gen	Chrch	84	16	320	42	1,589	.....
Spencer Hospital◇	Gen	Indep	35	6	67	16	1,011	500
Kellogg, 4,124—Shoshone								
Wardner Hospital	Gen	Indiv	18	2	14	6	270	839
Lapwai, 416—Nez Perce								
Ft. Lapwai Sanatorium	TB	I A	132	..	..	118	122	372
Lava Hot Springs, 544—Bannock								
Lava Hot Springs Municipal Sanitarium	Gen	City	20	2	..	..	...	.....
Lewiston, 9,403—Nez Perce								
St. Joseph's Hospital◇	Gen	Chrch	75	12	145	33	969	.....
White Hospital	Gen	Indep	34	4	123	21	766	1,460
Montpelier, 2,436—Bear Lake								
Montpelier Hospital	Gen	Indiv	30	5	..	11	...	.....
Moscow, 4,476—Latah								
Gritman Private Hospital	Gen	Indiv	25	5	19	3	175	.....
Inland Empire Hospital	Gen	Indiv	15	3	10	4	100	.....
Nampa, 8,206—Canyon								
Mercy Hospital◇	Gen	Chrch	46	6	70	14	442	.....
Nazarene Missionary Sanitarium and Institute◇	Gen	Chrch	35	5	32	22	1,538	1,506
Orofino, 1,078—Clearwater								
Orofino Hospital	Gen	Part	30	4	7	10	334	.....
Pocatello, 16,471—Bannock								
Pocatello General Hosp.◇	Gen	CyCo	50	15	219	32	1,391	.....
St. Anthony Mercy Hosp.◇	Gen	Chrch	40	10	199	23	734	.....
Potlatch, 1,505—Latah								
Potlatch Hospital	Gen	Indep	20	3	8	4	174	.....
Preston, 3,381—Franklin								
General Memorial Hospital	Gen	Indep	15	4	33	6	323	.....
Priest River, 949—Bonner								
Priest River Hospital	Gen	Part	15	2	2	5	...	300
Rexburg, 3,048—Madison								
Emergency Hospital	Gen	Indiv	12	2	..	5	...	.....
Rexburg General Hospital	Gen	Indiv	12	2	25	4	335	.....
St. Maries, 1,996—Benewah								
St. Maries Hospital	Gen	Part	33	3	10	6	189	.....
Sandpoint, 3,290—Bonner								
Page Hospital	Gen	Indiv	36	6	18	5	109	1,350
Parnell Hospital	Gen	Indiv	25	6	11	2	26	.....
Soda Springs, 831—Caribou								
Caribou County Hospital	Gen	Co	26	3	15	20	504	.....
Twin Falls, 8,787—Twin Falls								
Twin Falls County General Hospital	Gen	Co	50	10	67	30	974	.....
Wallace, 3,634—Shoshone								
Providence Hospital	Gen	Chrch	40	10	64	14	723	.....
Wallace Hospital	Gen	Part	50	5	14	10	366	.....
Wendell, 725—Gooding								
St. Valentine's Hospital	Gen	Chrch	25	5	48	9	233	.....
Related Institutions								
Blackfoot, 3,199—Bingham								
Dr. W. W. Beck Hospital	Gen	Indiv	7	2	28	3	165	.....
State Hospital South	Ment	State	487	..	..	470	135	.....
Boise, 21,544—Ada								
Boise City Detention Hosp.	Iso	City	10	..	..	1	18	.....
Idaho State Soldiers Home Hospital	Inst	State	35	..	..	'10	60	.....
Salvation Army Women's Home and Hospital	Mat	Chrch	8	15	102	2	101	.....
Ft. Hall, 190—Bingham								
Ft. Hall Indian School Hospital	Gen	I A	14	..	..	1	94	.....
Malad City, 2,535—Oneida								
Community Hospital	Gen	Indep	7	4	..	3	150	.....
Moscow, 4,476—Latah								
University of Idaho Infirm.	Inst	State	15	..	..	7	506	.....
Nampa, 8,206—Canyon								
State School and Colony	MeDe	State	510	..	..	455	48	.....
Orofino, 1,078—Clearwater								
State Hospital North	Ment	State	370	..	..	348	80	.....
St. Maries, 1,996—Benewah								
Dr. Platt's Hospital	Gen	Indiv	12	3	15	4	70	.....
Salmon, 1,371—Lemhi								
Salmon General Hospital	Gen	Part	9	3	3	1	64	.....
Spirit Lake, 1,241—Kootenai								
Spirit Lake Hospital	Gen	Part	10	2	4	1	12	310

Summary for Idaho:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	40	1,678	803	20,778
Related institutions	13	1,494	1,304	1,503
Totals	53	3,172	2,107	22,281
Refused registration	3	94		

Key to symbols and abbreviations is on page 1021

ILLINOIS

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Alton, 30,151—Madison								
Alton State Hospital◇	Ment	State	1,528	..	..	1,505	389	.....
St. Anthony's Infirmary and Sanitarium	Gen	Chrch	98	..	..	50	321	.....
St. Joseph's Hospital◇	Gen	Chrch	75	12	166	40	2,668	.....
Amboy, 1,972—Lee								
Amboy Public Hospital	Gen	Indep	18	3	21	10	150	.....
Anna, 3,436—Union								
Anna State Hospital◇	Ment	State	2,000	..	..	1,954	624	.....
Hale-Willard Mem. Hosp.	Gen	City	15	4	..	6	196	.....
Annawan, 489—Henry								
J. M. Young Hospital	Gen	Indiv	21	2	2	1	57	.....
Aurora, 46,589—Kane								
Copley Hospital◇	Gen	Indep	109	18	279	33	1,658	.....
Kane County Spring Brook Sanitarium	TB	Co	87	..	..	79	121	700
Mercyville Sanitarium	N&M	Chrch	160	..	..	122	167	.....
St. Charles Hospital◇	Gen	Chrch	100	20	248	42	1,480	298
St. Joseph Mercy Hospital◇	Gen	Chrch	120	20	287	50	1,860	.....
Batavia, 5,045—Kane								
Bellevue Place Sanitarium.	N&M	Indep	36	..	..	24	7	.....
Fox River Sanitarium	TB	Indep	45	..	..	40	49	.....
Belleville, 28,425—Saint Clair								
St. Elizabeth's Hospital	Gen	Chrch	110	15	..	55	2,200	.....
Station Hospital	Gen	Army	35	..	..	9	197	.....
Belvidere, 8,123—Boone								
Highland Hospital	Gen	Indep	30	10	70	8	281	.....
St. Joseph's Hospital	Gen	Chrch	35	10	65	10	368	.....
Benton, 8,219—Franklin								
Moore Hospital	Gen	Indiv	30	2	..	14	...	.....
Berwyn, 47,027—Cook								
Berwyn Hospital	Gen	Indep	75	18	304	28	1,351	2,500
Bloomington, 30,930—McLean								
Mennonite Hospital◇	Gen	Chrch	67	11	163	36	1,061	.....
St. Joseph Hospital◇	Gen	Chrch	200	20	302	118	3,776	.....
Blue Island, 16,534—Cook								
St. Francis Hospital	Gen	Chrch	85	15	229	35	1,599	.....
Breese, 1,957—Clinton								
St. Joseph Hospital	Gen	Chrch	25	2	21	10	358	.....
Bushnell, 2,850—McDonough								
Elmgrove Sanatorium	TB	Co	35	..	..	30	21	.....
Cairo, 13,532—Alexander								
St. Mary's Hospital◇	Gen	Chrch	100	12	72	35	972	.....
Canton, 11,718—Fulton								
Graham and Murphy Hosp.◇	Gen	City	50	16	85	27	1,044	.....
Carbondale, 7,528—Jackson								
Holden Memorial Hosp.◇	Gen	Chrch	50	5	65	14	570	.....
Carlinville, 4,144—Macoupin								
Macoupin Hospital	Gen	Indiv	20	6	40	10	531	.....
Carmi, 2,932—White								
Carmi Hospital	Gen	Indep	10	2	..	3	127	.....
Centralia, 12,583—Marion								
St. Mary's Hospital	Gen	Chrch	45	4	42	18	739	.....
Champaign, 20,348—Champaign								
Burnham City Hospital◇	Gen	City	80	17	164	40	1,820	.....
Charleston, 8,012—Coles								
M. A. Montgomery Memorial Sanatorium	Gen	Indep	21	5	50	8	236	.....
Oakwood Hospital	Gen	Part	23	4	16	8	250	.....
Chicago, 3,376,438—Cook								
Albert Merritt Billings Hospital (Medical and Surgical Department of University of Chicago Clinics)								
Alexian Brothers Hosp.★◇	Gen	Chrch	285	..	..	165	3,060	.....
American Hospital★◇	Gen	Indep	175	20	127	63	1,754	.....
Auburn Park Hospital◇	Gen	Indep	120	24	185	40	1,572	.....
Augustana Hospital★✚◇	Gen	Chrch	325	25	432	136	4,460	.....
Belmont Hospital◇	Gen	Indep	100	36	372	43	2,263	1,304
Bethany Home Hospital	Gen	Chrch	15	2	6	10	125	.....
Bethany Sanitarium and Hospital◇	Gen	Indep	50	16	147	15	747	.....
Bobs Roberts Memorial Hospital for Children (Pediatric Department of University of Chicago Clinics)								
Burrows Hospital	Gen	Indiv	40	6	23	14	292	.....
Chicago Eye, Ear, Nose and Throat Hospital	ENT	Indep	75	..	..	4	943	11,001
Chicago Fresh-Air Hosp.	TB	Indep	104	..	..	58	136	.....
Chicago Lying-in Hospital and Dispensary✚◇	Mat	Indep	162	160	2,767	103	3,855	1,748
Chicago Memorial Hosp.★◇	Gen	Indep	88	20	288	43	1,821	1,048
Chicago Psychiatric Institute	N&M	Indep	110	..	..	32	207	.....
Chicago State Hospital✚◇	Ment	State	4,103	4	6	4,080	1,582	676
Children's Memorial Hosp.✚◇	Chil	Indep	264	..	..	177	4,112	18,578
City of Chicago Municipal Tuberculosis Sanitarium✚◇	TB	City	1,240	..	..	1,234	1,707	107,626
Columbus Hospital★◇	Gen	Chrch	159	23	197	81	2,888	1,484
Cook Co. Children's Hosp.	(Included in Cook County Hospital)							
Cook County Hosp.★✚◇	Gen	Co	3,300	115	4,665	2,544	63,018	.....
Cook County Psychopathic Hospital✚	N&M	Co	175	..	..	140	5,115	.....
Edgewater Hospital★	Gen	Indep	120	20	388	66	2,480	.....
Englewood Hospital★◇	Gen	Indep	100	35	366	54	2,466	3,250
Evangelical Deaconess Hospital◇	Gen	Chrch	65	20	124	23	803	350
Evangelical Hospital◇	Gen	Chrch	200	60	835	95	4,181	.....
Frances E. Willard Hosp.★◇	Gen	Indep	114	26	428	47	2,344	794
Franklin Boulevard Hosp.◇	Gen	Indep	60	24	191	31	1,579	.....
Garfield Park Community Hospital★◇	Gen	Indep	196	32	430	61	2,757	5,728
Grant Hospital★◇	Gen	Indep	231	40	803	104	4,202	2,136
Henrotin Hospital◇	Gen	Indep	75	8	90	36	1,384	24,703
Holy Cross Hospital★	Gen	Chrch	100	24	516	70	1,802	.....
Hospital of St. Anthony de Padua★◇	Gen	Chrch	220	45	696	112	3,359	.....
Illinois Central Hospital★	Gen	Indus	255	21	387	102	3,098	9,509

ILLINOIS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Illinois Eye and Ear Infirmary✚	ENT	State	200	..	..	173	4,767	69,733
Illinois Masonic Hosp.★◇	Gen	Frat	159	25	288	64	2,249	2,004
Jackson Park Hospital★◇	Gen	Indep	225	40	434	59	2,689	1,689
John B. Murphy Hospital◇	Gen	Chrch	100	28	329	40	1,490	868
Lake View Hospital★◇	Gen	Indep	110	30	192	35	1,678	.....
La Rabida Jackson Park Sanatorium	Chil	Indep	56	..	..	30	161	.....
Lewis Memorial Maternity Hospital	Mat	Chrch	126	126	2,352	70	2,658	2,761
Lutheran Deaconess Home and Hospital★◇	Gen	Chrch	173	42	522	77	3,269	.....
Lutheran Memorial Hosp.★◇	Gen	Chrch	175	30	391	51	2,167	.....
Martha Washington Hosp.	Gen	Indep	91	14	63	17	741	.....
Mercy Hospital★◇	Gen	Chrch	365	35	420	150	4,785	24,770
Michael Reese Hospital★✚◇	Gen	Indep	558	71	1,304	375	11,279	20,453
Misericordia Hospital and Home for Infants⊙	Mat	Ch Chrch	17	26	368	10	380	.....
Mother Cabrini Memorial Hospital★◇	Gen	Chrch	150	18	265	82	3,407	.....
Mt. Sinai Hospital★◇	Gen	Indep	160	44	839	95	4,104	5,517
Municipal Contagious Disease Hospital✚⊙	Iso	City	428	..	..	232	3,497	.....
Nancy Adele McElwee Memorial and Gertrude Dunn Hicks Memorial Hospital (Orthopedic Department of University of Chicago Clinics)								
Nelson Morris Hospital	(Included in Michael Reese Hospital)							
North Avenue Hospital	Gen	Indiv	14	2	7	7	1,046	.....
Norwegian-American Hospital★◇	Gen	Indep	135	50	678	66	3,054	.....
Parkway Sanitarium	N&M	Indep	50	..	..	20	165	205
Passavant Memorial Hospital✚◇	Gen	Indep	200	48	466	83	3,165	24,916
Peoples Hospital	Gen	Indep	54	4	14	11	442	.....
Pinel Sanitarium	N&M	Indep	50	..	..	16	138	.....
Post Graduate Hospital and Medical School	Gen	Indep	85	3	11	12	667	.....
Presbyterian Hospital✚◇	Gen	Chrch	412	50	795	258	9,086	Affil.*
* Central Free Dispensary—33,716 outpatients.								
Provident Hosp. (col.)★◇	Gen	Indep	128	22	195	49	1,696	9,116
Ravenswood Hospital★◇	Gen	Indep	153	40	771	84	3,566	1,062
Research and Educational Hospital✚	Gen	State	357	25	761	346	5,941	35,277
Roseland Community Hospital★◇	Gen	Indep	101	32	428	51	2,606	2,296
St. Anne's Hospital★◇	Gen	Chrch	234	60	996	135	3,715	2,553
St. Bernard's Hospital★◇	Gen	Chrch	200	30	488	76	3,629	.....
St. Elizabeth Hospital★◇	Gen	Chrch	259	40	540	116	2,964	1,354
St. Joseph Hospital★◇	Gen	Chrch	200	35	442	77	2,519	1,549
St. Luke's Hospital★✚◇	Gen	Indep	659	32	795	249	9,122	12,064
St. Mary of Nazareth Hospital★◇	Gen	Chrch	262	38	535	109	3,012	.....
St. Vincent's Infant and Maternity Hospital⊙	Mat	Ch Chrch	41	10	104	17	113	.....
Sarah Morris Hospital for Children (Included in Michael Reese Hosp.)								
Shriners Hospital for Crippled Children	Orth	Frat	60	..	..	61	193	431
South Chicago Community Hospital◇	Gen	Indep	75	20	144	23	1,031	.....
South Shore Hospital◇	Gen	Indep	100	25	369	45	1,923	.....
Swedish Covenant Hosp.★◇	Gen	Chrch	185	42	611	67	2,463	946
U. S. Marine Hospital	Gen	USPH	165	..	..	150	951	35,398
University Hospital★◇	Gen	Indep	100	21	137	57	1,668	922
University of Chicago Clinics✚✚	Gen	Indep	406	..	..	214	5,430	141,215
Washington Blvd. Hosp.★◇	Gen	Indep	100	10	104	51	1,845	1,060
Washingtonian Home (Included in Martha Washington Hospital)								
Welles Park Hospital	Gen	Indep	50	12	106	10	607	842
Wesley Memorial Hosp.★◇	Gen	Chrch	229	21	518	104	3,258	.....
West Side Hospital◇	Gen	Indep	142	19	197	50	1,825	16,006
Women and Children's Hospital★	Gen	Indep	100	25	414	47	1,421	7,512
Woodlawn Hospital★	Gen	Indep	140	32	325	49	2,372	.....
Chicago Heights, 22,321—Cook								
St. James Hospital	Gen	Chrch	100	15	131	25	1,378	.....
Clinton, 5,920—De Witt								
Dr. John Warner Hospital	Gen	City	20	4	42	5	400	.....
Compton, 277—Lee								
Compton Hospital	Gen	Indiv	10	2	..	7	...	.....
Danville, 36,765—Vermilion								
Lake View Hospital◇	Gen	Indep	158	12	119	54	1,770	3,335
St. Elizabeth Hospital◇	Gen	Chrch	156	25	257	78	2,183	.....
Veterans Admin. Facility	Gen	Vet	562	..	..	471	1,553	.....
Decatur, 57,510—Macon								
Decatur and Macon County Hospital◇	Gen	Indep	141	24	397	67	2,574	1,475
Macon County Tuberculosis Sanatorium✚	TB	Co	80	..	..	55	35	772
St. Mary's Hospital	Gen	Chrch	131	22	416	116	3,496	.....
Wabash Employes' Hosp.	Indus	Indus	85	..	..	59	1,334	9,891
DeKalb, 8,545—De Kalb								
DeKalb County TB Sanat.	TB	Co	41	..	..	39	29	174
DeKalb Public Hospital	Gen	City	40	12	79	11	506	.....
St. Mary's Hospital	Gen	Chrch	50	8	64	11	400	.....
Des Plaines, 8,798—Cook								
Northwestern Hospital	Gen	Indiv	16	6	49	4	172	.....
Dixon, 9,908—Lee								
Dixon Public Hospital◇	Gen	City	60	11	95	27	802	128
Du Quoin, 7,593—Perry								
Marshall Browning Hosp.	Gen	Indep	60	5	56	18	574	.....
East Moline, 10,107—Rock Island								
East Moline State Hosp.✚◇	Ment	State	1,949	..	..	1,834	502	614
East St. Louis, 74,347—Saint Clair								
Christian Welfare Hosp.◇	Gen	Chrch	50	6	61	23	762	306
St. Mary's Hospital★◇	Gen	Chrch	260	35	358	99	2,960	.....

Key to symbols and abbreviations is on page 1021

ILLINOIS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Edwardsville, 6,235—Madison								
Madison County Tuberculosis Sanitarium	TB	Co	90	..	..	87	129	498
Effingham, 4,978—Effingham								
St. Anthony's Hospital	Gen	Chrch	75	6	..	22	822	.....
Elgin, 35,929—Kane								
Elgin State Hospital◇	Ment	State	4,295	..	..	3,973	1,909	.....
Resthaven Sanitarium	N&M	Indiv	75	..	..	38	95	361
St. Joseph's Hospital◇	Gen	Chrch	130	20	267	50	1,231	1,080
Sherman Hospital◇	Gen	Indep	110	20	311	50	2,406	658
Elmhurst, 14,055—DuPage								
Elmhurst Hospital◇	Gen	Indep	75	18	295	31	1,747	.....
Evanston, 63,338—Cook								
Evanston Hospital*✚◇	Gen	Indep	235	36	689	101	4,492	2,257
St. Francis Hospital*◇	Gen	Chrch	320	40	700	103	4,802	.....
Evergreen Park, 1,594—Cook								
Little Company of Mary Hospital*◇	Gen	Chrch	150	24	367	45	1,679	217
Flora, 4,393—Clay								
Flora Hospital	Gen	Indiv	10	4	23	4	212	.....
Ft. Sheridan, 602—Lake								
Station Hospital	Gen	Army	116	4	47	66	1,368	9,804
Freeport, 22,045—Stephenson								
Evangelical Deaconess Hospital◇	Gen	Chrch	103	16	125	29	1,136	420
St. Francis Hospital◇	Gen	Chrch	130	16	263	59	1,918	.....
Galesburg, 28,830—Knox								
Galesburg Cottage Hosp.◇	Gen	Indep	82	18	186	32	1,086	468
St. Mary's Hospital	Gen	Chrch	120	18	152	45	1,800	.....
Geneseo, 3,406—Henry								
J. C. Hammond City Hosp.	Gen	City	15	5	42	5	304	.....
Geneva, 4,607—Kane								
Community Hospital◇	Gen	Indep	67	18	165	24	824	.....
Gilman, 1,620—Iroquois								
Gilman Community Hosp.	Gen	Indep	15	3	..	3	...	.....
Granite City, 25,130—Madison								
St. Elizabeth Hospital◇	Gen	Chrch	103	22	125	60	1,589	.....
Harrisburg, 11,625—Saline								
Harrisburg Hospital	Gen	Indep	30	1	6	9	400	745
Lightner Hospital	Gen	Indiv	35	5	30	15	824	.....
Harvard, 2,988—McHenry								
Harvard Community Hosp.	Gen	Part	21	5	45	7	191	.....
Harvey, 16,374—Cook								
Ingalls Memorial Hosp.◇	Gen	Indep	95	25	262	21	1,115	.....
Herrin, 9,708—Williamson								
Herrin Hospital	Gen	Part	40	5	31	18	551	.....
Highland, 3,319—Madison								
St. Joseph's Hospital	Gen	Chrch	72	8	90	46	946	.....
Highland Park, 12,203—Lake								
Highland Park Hospital	Gen	Indep	53	17	176	17	881	.....
Hillsboro, 4,435—Montgomery								
Hillsboro Hospital	Gen	Indep	30	5	45	13	343	.....
Hines,—Cook								
Veterans Admin. Facility	Gen	Vet	1,773	..	..	1,327	7,295	22,804
Hinsdale, 6,923—DuPage								
Hinsdale Sanit. and Hosp.◇	Gen	Indep	128	11	165	49	1,229	8,788
Jacksonville, 17,747—Morgan								
Jacksonville State Hosp.◇	Ment	State	3,345	..	..	3,245	791	.....
Morgan County Tuberculosis Sanatorium	TB	Co	35	..	..	23	40	32
Norbury Sanatorium	N&M	Indep	125	..	..	64	136	.....
Our Savior's Hospital◇	Gen	Chrch	80	12	124	31	1,165	978
Passavant Memorial Hosp.◇	Gen	Chrch	75	12	91	35	904	481
Jerseyville, 4,309—Jersey								
Jerseyville Hospital	Gen	Indiv	12	5	28	4	68	.....
Joliet, 42,993—Will								
St. Joseph's Hospital◇	Gen	Chrch	192	40	578	137	4,229	601
Silver Cross Hospital◇	Gen	Indep	133	17	252	44	1,727	286
Will County Tuberculosis Sanatorium	TB	Co	100	..	..	88	52	.....
Kankakee, 20,620—Kankakee								
Kankakee State Hospital✚◇	Ment	State	4,000	..	..	3,792	1,311	776
St. Mary Hospital◇	Gen	Chrch	114	12	127	44	1,351	.....
Kenilworth, 2,501—Cook								
Kenilworth Sanitarium	N&M	Indiv	30	..	..	16	14	.....
Kewanee, 17,093—Henry								
Kewanee Public Hospital◇	Gen	Indep	49	12	113	18	520	248
St. Francis Hospital◇	Gen	Chrch	56	11	95	38	706	1,170
La Harpe, 1,175—Hancock								
La Harpe Hospital	Gen	Indep	12	3	28	3	106	.....
Lake Forest, 6,554—Lake								
Alice Home Hospital	Gen	Indep	42	8	113	16	633	.....
La Salle, 13,149—La Salle								
St. Mary Hospital◇	Gen	Chrch	85	15	242	40	1,480	.....
Libertyville, 3,791—Lake								
Condell Memorial Hospital	Gen	Indep	25	6	42	7	285	.....
Lincoln, 12,855—Logan								
Evangelical Deaconess Hospital◇	Gen	Chrch	52	8	67	27	811	.....
St. Clara's Hospital	Gen	Chrch	64	7	57	43	974	.....
Litchfield, 6,612—Montgomery								
St. Francis' Hospital	Gen	Chrch	125	8	119	52	2,311	.....
Mackinaw, 760—Tazewell								
Oak Knoll Sanatorium	TB	Co	45	..	..	39	51	.....
Macomb, 8,509—McDonough								
Marietta Phelps Hospital◇	Gen	Indep	45	6	17	20	545	.....
St. Francis Hospital◇	Gen	Chrch	75	10	121	45	1,100	.....
Manteno, 1,149—Kankakee								
Manteno State Hospital	Ment	State	1,197	..	..	1,185	354	.....
Mattoon, 14,631—Coles								
Memorial Methodist Hosp.◇	Gen	Chrch	37	8	63	19	977	.....
Melrose Park, 10,741—Cook								
Westlake Hospital◇	Gen	Indep	84	16	209	17	1,056	.....
Mendota, 4,008—La Salle								
Harris Hospital	Gen	Indiv	20	3	18	6	230	.....

ILLINOIS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Moline, 32,236—Rock Island								
Lutheran Hospital◇	Gen	Chrch	135	36	329	42	1,391	.....
Moline Public Hospital◇	Gen	City	133	22	..	50	1,800	.....
Monmouth, 8,666—Warren								
Monmouth Hospital◇	Gen	City	35	10	124	30	1,825	.....
Morris, 5,568—Grundy								
Morris Hospital	Gen	City	34	10	67	10	440	.....
Mt. Vernon, 12,375—Jefferson								
Mt. Vernon Hospital	Gen	Indiv	30	2	..	6	170	.....
Moweaqua, 1,478—Shelby								
Moweaqua Hospital	Gen	Indiv	25	8	..	13	...	.....
Murphysboro, 8,182—Jackson								
St. Andrew's Hospital	Gen	Chrch	50	4	24	30	456	295
Naperville, 5,118—DuPage								
Edward Sanatorium	TB	Indep	88	..	..	58	96	.....
Normal, 6,768—McLean								
Brokaw Hospital◇	Gen	Chrch	81	15	120	44	1,873	.....
Fairview Sanatorium	TB	Co	50	..	..	30	34	502
North Chicago, 8,466—Lake								
Veterans Admin. Facility	Ment	Vet	1,135	..	..	1,114	210	.....
Oak Forest, 50—Cook								
Cook County Infirmary	Gen	Co	1,054	..	..	1,016	1,871	.....
Cook County Tuberculosis Hospital	TB	Co	634	2	..	540	539	.....
Oak Park, 63,982—Cook								
Oak Park Hospital*◇	Gen	Chrch	135	40	546	84	3,593	941
West Suburban Hospital*✚◇	Gen	Indep	327	100	1,135	120	5,517	729
Olney, 6,140—Richland								
Olney Sanitarium◇	Gen	Indep	69	7	64	38	1,464	3,595
Ottawa, 15,094—La Salle								
Highland	TB	Co	60	..	..	34	34	350
Ottawa Tuberculosis Sanatorium	TB	Indep	100	..	..	29	90	.....
Ryburn Memorial Hosp.◇	Gen	City	58	12	221	35	1,250	.....
Pana, 5,835—Christian								
Huber Memorial Hospital◇	Gen	Chrch	40	10	40	21	565	208
Paris, 8,781—Edgar								
Paris Hospital◇	Gen	Indiv	35	6	18	24	565	.....
Pekin, 16,129—Tazewell								
Pekin Public Hospital	Gen	Indep	40	8	104	17	925	.....
Peoria, 104,969—Peoria								
John C. Proctor Hospital◇	Gen	Indep	100	18	252	61	2,286	.....
Methodist Hospital of Central Illinois◇	Gen	Chrch	155	19	376	90	3,225	.....
Michell Farm	N&M	Indiv	26	..	..	11	28	.....
Peoria Municipal Tuberculosis Sanitarium	TB	City	93	..	..	92	128	719
Peoria Sanitarium	N&M	Indiv	25	..	..	8	64	.....
Peoria State Hospital◇	Ment	State	2,750	..	..	2,655	721	.....
St. Francis Hospital*◇	Gen	Chrch	300	30	560	163	4,902	.....
Peru, 9,121—La Salle								
Peoples Hospital◇	Gen	Indep	50	10	105	28	934	.....
Pontiac, 8,272—Livingston								
Livingston County Sanat.	TB	Co	38	..	..	37	82	169
St. James' Hospital	Gen	Chrch	40	12	132	13	840	.....
Princeton, 4,762—Bureau								
Julia Rackley Perry Memorial Hospital	Gen	City	40	6	77	14	457	.....
Quincy, 39,241—Adams								
Blessing Hospital◇	Gen	Indep	125	22	281	63	2,062	.....
Hillcrest	TB	Co	50	..	..	43	53	232
St. Mary Hospital*◇	Gen	Chrch	196	20	355	125	2,519	.....
Rantoul, 1,555—Champaign								
Station Hospital	Gen	Army	50	5	5	14	642	1,200
Red Bud, 1,208—Randolph								
St. Clement's Hospital	Gen	Chrch	20	2	13	11	247	.....
Robinson, 3,668—Crawford								
Robinson Hospital	Gen	Part	20	5	11	3	103	.....
Rockford, 85,864—Winnebago								
Rockford Hospital◇	Gen	Indep	92	18	175	32	1,286	.....
Rockford Municipal Tuberculosis Sanatorium✚	TB	CyCo	122	..	..	113	165	892
St. Anthony's Hospital*◇	Gen	Chrch	160	35	458	85	2,741	.....
Swedish-American Hosp.◇	Gen	Indep	80	12	211	35	1,161	.....
Wilgus Sanitarium	N&M	Indiv	35	..	..	19	10	.....
Winnebago County Hosp.	Gen	Co	105	6	253	58	1,629	1,429
Rock Island, 37,953—Rock Island								
Rock Island County Tuberculosis Sanatorium	TB	Co	65	..	..	60	73	269
St. Anthony's Hospital*◇	Gen	Chrch	150	18	196	58	2,954	1,288
Rushville, 2,388—Schuyler								
Culbertson Hospital	Gen	Indiv	25	5	14	3	159	.....
St. Charles, 5,377—Kane								
St. Charles City Hospital	Gen	Indep	20	6	36	5	178	.....
Sandwich, 2,611—DeKalb								
Horatio N. Woodward Memorial Hospital	Gen	Indep	26	10	63	8	331	.....
Savanna, 5,086—Carroll								
Savanna Public Hospital	Gen	City	14	5	33	5	180	.....
Shelbyville, 3,491—Shelby								
Shelby County Hospital	Gen	Co	20	5	21	6	219	.....
Springfield, 71,864—Sangamon								
Palmer Sanatorium	TB	Indep	75	..	..	29	51	.....
St. John's Hospital◇	Gen	Chrch	568	32	945	428	11,136	3,597
St. John's Sanitarium◎	TbOr	Chrch	325	..	..	229	250	.....
Springfield Hospital◇	Gen	Chrch	85	15	205	49	1,642	.....
Spring Valley, 5,270—Bureau								
St. Margaret's Hospital◇	Gen	Chrch	68	7	113	31	997	550
Sterling, 10,012—Whiteside								
Public Hospital◇	Gen	City	51	12	175	25	804	505
Streator, 14,728—La Salle								
St. Mary's Hospital	Gen	Chrch	125	13	193	60	1,840	.....
Sublette, 261—Lee								
Angear Maternity Hospital	Mat	Indiv	10	6	58	2	218	.....
Sycamore, 4,021—DeKalb								
Sycamore Municipal Hosp.	Gen	City	20	6	39	6	431	.....

Key to symbols and abbreviations is on page 1021

ILLINOIS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Taylorville, 7,316—Christian								
St. Vincent Hospital◇	Gen	Chrch	55	11	120	30	1,023	.....
Urbana, 13,060—Champaign								
Carle Memorial Hospital	Gen	Indep	35	6	20	10	501	220
Champaign County Hosp.	Gen	Co	55	8	96	19	667	110
Mercy Hospital◇	Gen	Chrch	38	12	146	35	1,391	.....
The Outlook	TB	Co	48	..	..	36	33	.....
Vandalia, 4,342—Fayette								
Mark Greer Hospital	Gen	Indiv	20	6	30	14	420	.....
Waterman, 520—DeKalb								
East Side Hospital	Gen	Indiv	25	7	63	11	432	.....
Watseka, 3,144—Iroquois								
Iroquois Hospital◇	Gen	Co	31	8	83	21	713	.....
Waukegan, 33,499—Lake								
Lake County General Hosp.	Gen	Co	90	15	237	96	1,442	2,790
St. Therese's Hospital◇	Gen	Chrch	180	16	254	36	1,233	421
Victory Memorial Hospital◇	Gen	Indep	76	14	221	31	1,150	.....
White Hall, 2,928—Greene								
White Hall Hospital	Gen	Indep	10	5	..	5	261	.....
Winfield, 445—DuPage								
Winfield Sanatorium	TB	Indep	110	..	..	86	116	1,468
Zace Sanatorium	TB	Indep	50	..	..	30	61	200
Woodstock, 5,471—McHenry								
Woodstock Public Hosp.	Gen	Indep	21	7	46	6	262	.....
Zeigler, 3,816—Franklin								
Zeigler Hospital	Gen	Indus	16	2	..	7	...	.....
Related Institutions								
Arrowsmith, 279—McLean								
L. M. Johnson Hospital	Gen	Indiv	10	2	6	2	44	.....
Augusta, 1,011—Hancock								
Augusta Hospital	Gen	Indep	12	3	17	3	98	.....
Chatsworth, 981—Livingston								
Chatsworth Hospital	Gen	Indiv	6	1	2	3	10	.....
Chicago, 3,376,438—Cook								
Angel Guardian Orphanage	Inst	Chrch	39	..	..	3	280	.....
Beulah Home and Maternity Hospital	Mat	Indep	40	24	40	12	80	.....
Beverly Hills Rest Home	Conv	Indiv	7	..	..	3	...	.....
Chicago Home for Convalescent Women and Children	Conv	Indep	56	..	..	53	421	.....
Chicago Home for Incurables	Inc	Indep	290	..	..	285	83	.....
Chicago Nursery and Half Orphan Asylum	Inst	Indep	20	..	..	6	469	.....
House of Correction Hosp.	Gen	City	75	2	..	50	2,204	.....
Illinois Steel Company Hosp.	Indus	Indus	30	..	..	8	36	2,461
Infirmary of Clearing House								
Illinois Emergency Relief	Gen	Indep	250	..	..	240	1,836	.....
Isolation Hospital	SmPox	City	40	..	..	1	29	.....
Lawrence Hall	Inst	Chrch	20	..	..	5	140	.....
Marks Nathan Jewish Orphan Home	Inst	Indep	23	..	..	4	415	.....
Methodist Episcopal Old People's Home	Inst	Chrch	25	..	..	15	...	.....
Mylan Sanitarium	N&M	Indiv	19	..	..	10	38	.....
St. Mary of Providence Institute	MeDe	Chrch	100	..	..	100	37	.....
Salvation Army Women's Home and Hospital	Mat	Chrch	25	12	178	14	211	.....
Washington and Jane Smith Home	Inst	Indep	21	..	..	6	168	.....
Dixon, 9,908—Lee								
Dixon State Hospital◇	MeDe	State	3,295	..	..	3,023	373	.....
Eldorado, 4,482—Saline								
Ferrell Hospital	Gen	Indiv	16	1	4	3	170	.....
Evanston, 63,338—Cook								
The Cradle	Chil	Indep	..	24	..	25	253	.....
Grove House for Convalescents	Conv	Indep	35	..	..	21	206	.....
Fairbury, 2,310—Livingston								
Fairbury Hospital	Gen	City	8	5	32	3	138	.....
Forest Park, 14,555—Cook								
German Old People's Home	Inst	Indep	38	..	..	38	...	.....
Geneva, 4,607—Kane								
State Training School for Girls	Inst	State	17	..	..	15	374	.....
Godfrey, 201—Madison								
Beverly Farm	MeDe	Indep	80	..	..	60	8	.....
Henry, 1,658—Marshall								
Drs. Coggeshall and Dysart Hospital	Gen	Part	8	3	31	2	133	.....
Hinsdale, 6,923—DuPage								
West Suburban Home for Girls	Mat	Indep	20	15	35	8	44	.....
Jacksonville, 17,747—Morgan								
Illinois School for the Blind Hospital	Inst	State	20	..	..	4	355	.....
Illinois School for the Deaf	Inst	State	40	..	..	7	355	.....
Knoxville, 1,867—Knox								
Knox County Hospital	Gen	Co	14	..	..	7	...	.....
Lincoln, 12,855—Logan								
Lincoln State School and Colony	MeDe	State	3,479	6	11	3,356	518	.....
Mattoon, 14,631—Coles								
Independent Order Odd Fellows Old Folks Home Hosp.	Inst	Frat	56	..	..	43	114	.....
McLeansboro, 2,162—Hamilton								
McLeansboro Hospital	Gen	Indiv	7	..	..	2	...	.....
Menard, 22—Randolph								
Illinois Security Hospital	Ment	State	509	..	..	461	94	.....
Southern Illinois Penitentiary Hospital	Inst	State	36	..	..	22	701	.....
Metropolis, 5,573—Massac								
Fisher Hospital	Gen	Indiv	9	2	4	4	135	.....

ILLINOIS—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Minonk, 1,910—Woodford								
Woodford County Tuberculosis Sanatorium	TB	Co	12	..	..	9	8	.....
Mooseheart, 1,519—Kane								
Mooseheart Hospital	Chil	Frat	60	..	..	30	3,097	.....
Mt. Prospect, 1,225—Cook								
Mt. Prospect General Hosp.	Gen	Indep	20	4	10	3	230	800
Normal, 6,768—McLean								
Soldiers' and Sailors' Children's School	Inst	State	75	..	..	12	2,190	.....
Paxton, 2,892—Ford								
Paxton Community Hosp.	Gen	City	24	3	24	5	188	.....
Peoria, 104,969—Peoria								
Peoria Isolation Hospital	Iso	City	40	..	..	1	20	.....
Pontiac, 8,272—Livingston								
Illinois State Reformatory Hospital	Inst	State	37	..	..	20	539	.....
Quincy, 39,241—Adams								
Illinois Soldiers' and Sailors' Home and Hospital	Inst	State	250	..	..	200	992	.....
St. Charles, 5,377—Kane								
St. Charles School for Boys	Inst	State	30	..	..	19	578	.....
Savanna, 5,086—Carroll								
Station Hospital	Gen	Army	10	..	..	3	135	.....
Sullivan, 2,339—Moultrie								
Illinois Masonic Home	Inst	Frat	90	..	..	75	100	.....
Toledo, 733—Cumberland								
Toledo Sanitarium	Gen	Indiv	6	1	..	2	...	.....
Urbana, 13,060—Champaign								
McKinley University Hosp.	Inst	State	85	..	..	50	...	.....
Wedron, 202—La Salle								
St. Joseph's Health Resort	Conv	Chrch	55	..	..	32	660	45
West Chicago, 3,477—DuPage								
Country Home for Convalescent Crippled Children.	Orth	Indep	120	..	..	100	172	.....
Wheaton, 7,258—DuPage								
Howe Home	N&M	Part	15	..	..	8	...	.....
Mary E. Pogue Sanitarium	N&M	Indiv	40	..	..	35	...	.....
Wheaton Health Resort	Gen	Part	30	12	29	8	64	24
Wheeling, 467—Cook								
Wheeling Hospital	Gen	Indiv	9	5	12	3	240	.....
Winnetka, 12,166—Cook								
North Shore Health Resort	Conv	Indep	75	..	..	50	...	.....

Summary for Illinois:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	267	60,238	45,071	456,211
Related institutions	60	10,524	9,112	24,138
Totals	327	70,762	54,183	480,349
Refused registration	41	1,361		

INDIANA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Anderson, 39,804—Madison								
St. John's Hickey Memorial Hospital◇	Gen	Chrch	85	15	168	45	1,286	.....
Angola, 2,665—Steuben								
Cameron Hospital	Gen	Indiv	20	4	23	8	407	.....
Argos, 1,211—Marshall								
Kelly Hospital	Gen	Indiv	10	2	18	6	312	.....
Auburn, 5,088—DeKalb								
Dr. Bonnell M. Souder Hospital	Gen	Indiv	20	7	17	5	147	.....
Batesville, 2,838—Ripley								
Margaret Mary Hospital	Gen	Chrch	50	10	3	New	40	.....
Bedford, 13,208—Lawrence								
Dunn Memorial Hospital	Gen	Indep	25	6	..	10	500	.....
Beech Grove, 3,552—Marion								
St. Francis' Hospital	Gen	Chrch	140	23	249	45	1,461	.....
Bloomington, 18,227—Monroe								
Bloomington Hospital◇	Gen	Indep	35	8	61	17	604	.....
Bluffton, 5,074—Wells								
Wells County Hospital	Gen	Co	19	3	44	11	368	.....
Brazil, 8,744—Clay								
Clay County Hospital	Gen	Co	50	12	44	14	507	449
Clinton, 7,936—Vermillion								
Vermillion County Hospital	Gen	Co	40	6	46	14	463	115
Columbus, 9,935—Bartholomew								
Bartholomew County Hosp.	Gen	Co	45	6	49	18	664	.....
Crawfordsville, 10,355—Montgomery								
Culver Hospital	Gen	Co	48	12	87	22	1,059	.....
Crown Point, 4,046—Lake								
Lake County Tuberculosis Sanatorium	TB	Co	200	..	..	196	197	1,760
Decatur, 5,156—Adams								
Adams County Memorial Hospital	Gen	Co	35	6	55	15	571	.....
East Chicago, 54,784—Lake								
St. Catherine's Hospital★◇	Gen	Chrch	290	60	290	77	2,242	.....
Elkhart, 32,949—Elkhart								
Elkhart General Hospital	Gen	Indep	75	10	148	25	1,132	.....
Elwood, 10,635—Madison								
Mercy Hospital	Gen	Chrch	20	5	121	17	639	.....
Evansville, 102,249—Vanderburgh								
Boehne Tuberculosis Hosp.✦	TB	Co	125	..	..	105	141	484
Evansville State Hospital	Ment	State	1,200	..	..	1,178	196	.....
Highland Private Hospital	Gen	Indiv	12	..	3	2	30	.....
Protestant Deaconess Hospital★◇	Gen	Chrch	160	20	210	81	2,384	.....

Key to symbols and abbreviations is on page 1021

INDIANA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
St. Mary's Hospital◇	Gen	Chrch	125	25	119	65	2,339	.....
U. S. Marine Hospital	Gen	USPH	60	..	..	58	308	105
Welborn-Walker Hospital◇	Gen	Indiv	105	6	53	43	1,550	500
Ft. Benjamin Harrison,—Marion								
Station Hospital	Gen	Army	123	4	36	43	850	4,042
Ft. Wayne, 114,946—Allen								
Irene Byron Tuberculosis Sanatorium	TB	Co	190	..	..	176	384	785
Lutheran Hospital★◇	Gen	Chrch	165	24	350	77	2,374	.....
Methodist Episcopal Hosp.◇	Gen	Chrch	112	10	121	40	2,104	.....
St. Joseph's Hospital★◇	Gen	Chrch	243	57	551	117	3,588	.....
Frankfort, 12,196—Clinton								
Clinton County Hospital	Gen	Co	43	7	54	12	404	.....
Garrett, 4,428—DeKalb								
Sacred Heart Hospital	Gen	Chrch	48	7	22	18	523	.....
Gary, 100,426—Lake								
Gary Hospital	Indus	Indus	100	..	..	31	226	3,431
Methodist Episcopal Hosp.◇	Gen	Chrch	100	15	325	50	1,845	.....
St. Antonio Hospital	Gen	Indep	50	6	19	20	700	.....
St. John Hospital (col.)	Gen	Indiv	15	6	47	7	213	102
St. Mary's Mercy Hosp.★◇	Gen	Chrch	235	35	570	120	3,838	.....
Greencastle, 4,613—Putnam								
Putnam County Hospital	Gen	Co	35	5	29	10	487	.....
Greensburg, 5,702—Decatur								
Decatur County Memorial Hospital	Gen	Co	25	5	37	7	297	.....
Hammond, 64,560—Lake								
Mount Mercy Sanitarium	N&M	Chrch	26	..	..	13	70	.....
St. Margaret's Hospital★◇	Gen	Chrch	214	36	418	90	3,646	.....
Hartford City, 6,613—Blackford								
Blackford County Hospital	Gen	Co	30	5	49	14	329	.....
Huntington, 13,420—Huntington								
Huntington County Hosp.	Gen	Co	25	6	58	17	538	25
Indianapolis, 364,161—Marion								
Central State Hospital✚	Ment	State	1,729	..	..	1,758	226	.....
Deaconess Hospital and Clinic	Gen	Chrch	130	16	81	15	462	75
Dr. W. B. Fletcher's Sanatorium	N&M	Indep	50	..	..	15	...	.....
Indianapolis City Hosp.★✚◇	Gen	City	533	39	525	413	8,932	24,400
James Whitcomb Riley Hospital for Chil. (Affil.)★✚◇	Chil	State	270	..	..	248	3,626	2,041
Methodist Episcopal Hospital★◇	Gen	Chrch	402	61	915	258	10,729	2,139
"Norways" Sanatorium	N&M	Indep	25	..	..	12	71	.....
Robt. W. Long Hospital (Affil.)★✚◇	Gen	State	107	..	..	108	2,124	1,383
St. Vincent's Hospital★◇	Gen	Chrch	260	35	417	118	4,014	.....
Veterans Admin. Facility	Gen	Vet	152	..	..	120	1,260	3,084
William H. Coleman Hospital for Women (Affil.)★✚◇	Mat	State	68	35	859	61	1,843	852
Jeffersonville, 11,946—Clark								
Clark County Memorial Hospital	Gen	Co	35	6	46	17	459	.....
Kendallville, 5,439—Noble								
Lakeside Hospital	Gen	City	20	12	55	12	370	.....
Kokomo, 32,843—Howard								
Good Samaritan Hospital◇	Gen	Chrch	58	7	51	21	603	.....
La Fayette, 26,240—Tippecanoe								
La Fayette Home Hosp.◇	Gen	Indep	135	20	279	56	1,865	137
St. Elizabeth Hospital★◇	Gen	Chrch	225	20	272	100	2,763	.....
Wabash Valley Sanitarium	Gen	Indep	45	6	8	18	240	160
William Ross Sanatorium	TB	Co	45	..	..	41	59	230
La Porte, 15,755—La Porte								
Fairview Hospital	Gen	Indep	28	8	81	24	833	97
Holy Family Hospital	Gen	Chrch	90	15	139	45	1,349	885
Lebanon, 6,445—Boone								
Williams Hospital	Gen	Indiv	24	3	8	4	127	500
Witham Memorial Hospital	Gen	Co	25	5	40	13	295	.....
Linton, 5,085—Greene								
Freeman Greene County Hospital	Gen	Co	25	4	24	10	316	.....
Logansport, 18,508—Cass								
Cass County Hospital	Gen	Co	40	6	87	24	829	.....
Logansport State Hosp.✚	Ment	State	1,682	..	..	1,536	250	.....
St. Joseph's Hospital	Gen	Chrch	60	10	36	13	547	.....
Madison, 6,530—Jefferson								
Kings Daughters' Hospital	Gen	Chrch	27	6	32	10	385	.....
Marion, 24,496—Grant								
Grant County Hospital◇	Gen	Indep	55	6	66	18	665	.....
Veterans Admin. Facility	Ment	Vet	1,400	..	..	1,360	346	.....
Martinsville, 4,962—Morgan								
Morgan County Memorial Hospital	Gen	Co	18	6	38	5	165	.....
Michigan City, 26,735—La Porte								
Clinic Hospital	Gen	Indep	50	10	67	19	622	.....
St. Anthony's Hospital	Gen	Chrch	100	15	136	27	1,308	82
Mishawaka, 28,630—St. Joseph								
St. Joseph Hospital◇	Gen	Chrch	95	20	298	43	1,635	.....
Muncie, 46,548—Delaware								
Ball Memorial Hospital★◇	Gen	Indep	142	18	248	76	2,204	.....
New Albany, 25,819—Floyd								
St. Edward's Hospital	Gen	Chrch	100	14	..	30	1,028	.....
Newcastle, 14,027—Henry								
Henry County Hospital	Gen	Co	50	5	..	16	912	.....
Newcastle Clinic Hospital	Gen	Indep	15	2	17	4	270	.....
Noblesville, 4,811—Hamilton								
Hamilton County Hospital	Gen	Co	30	7	52	15	638	.....
North Madison, 573—Jefferson								
Madison State Hospital	Ment	State	1,565	..	..	1,550	225	.....
Oaklandon, 375—Marion								
Sunnyside Sanatorium	TB	Co	261	..	..	254	252	531
Peru, 12,730—Miami								
Dukes-Miami County Memorial Hospital	Gen	Co	44	16	82	18	554	.....

INDIANA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Wabash Railroad Employees Hospital	Indus	Indus	50	..	..	9	...	.....
Plymouth, 5,290—Marshall								
Marshall County Hospital	Gen	Co	25	6	..	10	372	.....
C. L. Morris Hospital	Gen	Part	18	6	12	8	278	.....
Portland, 5,276—Jay								
Jay County Hospital	Gen	Indep	12	5	15	7	285	.....
Princeton, 7,505—Gibson								
Methodist Episcopal Hospital	Gen	Chrch	30	5	54	11	487	.....
Rensselaer, 2,798—Jasper								
Jasper County Hospital	Gen	Co	30	10	94	4	740	.....
Richmond, 32,493—Wayne								
Reid Memorial Hospital◇	Gen	Indep	126	22	219	50	2,203	438
Richmond State Hospital	Ment	State	1,353	..	..	1,222	169	.....
Rochester, 3,518—Fulton								
Woodlawn Hospital	Gen	Indiv	14	4	18	8	320	.....
Rockville, 1,832—Parke								
Indiana State Sanatorium✚	TB	State	200	..	..	195	205	746
Rushville, 5,709—Rush								
Rushville City Hospital	Gen	City	10	2	10	4	150	.....
Seymour, 7,508—Jackson								
Schneck Memorial Hospital	Gen	Indep	23	3	50	15	500	.....
Shelbyville, 10,618—Shelby								
W. S. Major Hospital	Gen	City	25	4	38	11	518	.....
South Bend, 104,193—St. Joseph								
Epworth Hospital★◇	Gen	Indep	150	37	404	73	2,162	.....
Healthwin Hospital	TB	Co	210	..	..	204	208	3,332
Pennington Sanitarium	N&M	Part	18	..	..	5	77	.....
St. Joseph Hospital★◇	Gen	Chrch	125	22	306	60	1,857	1,054
Sullivan, 5,306—Sullivan								
Mary Sherman Hospital	Gen	Co	50	10	43	18	665	.....
Teli City, 4,873—Perry								
Parkview Hospital	Gen	Indiv	12	3	14	4	142	.....
Terre Haute, 62,810—Vigo								
Hoover's Sanatorium (col.)	Gen	Indiv	10	2	25	2	109	.....
St. Anthony's Hospital◇	Gen	Chrch	161	23	321	68	2,689	.....
Union Hospital◇	Gen	Indep	120	20	236	74	2,469	.....
Union City, 3,084—Randolph								
Union City Hospital	Gen	Indiv	13	4	..	8	300	.....
Valparaiso, 8,079—Porter								
Christian Hospital	Gen	Indep	20	5	45	8	339	.....
Vincennes, 17,564—Knox								
Good Samaritan Hospital◇	Gen	Co	90	6	70	35	1,030	.....
Wabash, 8,840—Wabash								
Wabash County Hospital	Gen	Co	42	6	27	13	363	38
Warsaw, 5,730—Kosciusko								
McDonald Hospital	Gen	Indiv	17	3	50	8	550	.....
Washington, 9,070—Daviess								
Daviess County Hospital	Gen	Indep	50	6	54	14	667	.....
Winchester, 4,487—Randolph								
Randolph County Hospital	Gen	Co	29	4	62	12	498	40
Wolflake, 367—Noble								
Luckey Hospital	Gen	Part	20	4	17	8	280	650

Related Institutions

Anderson, 39,804—Madison								
Ella B. Kehrer Hospital	TB	Co	100	..	..	35	75	.....
Butlerville, 450—Jennings								
Muscatatuck Colony	MeDe	State	623	..	..	477	57	.....
Dillsboro, 502—Dearborn								
Dillsboro Sanitarium	Gen	Indep	50	..	..	35	...	.....
Ft. Wayne, 114,946—Allen								
Ft. Wayne and Allen County Isolation Hospital	Iso	CyCo	10	..	..	2	24	.....
Ft. Wayne State School	MeDe	State	1,700	..	..	1,570	165	.....
Grace Convalescent Hosp.	Conv	Indiv	17	..	..	19	28	.....
Franklin, 5,682—Johnson								
Eastern Star Hospital	Inst	Frat	74	..	..	50	...	.....
Greencastle, 4,613—Putnam								
Indiana State Farm Hosp.	Inst	State	20	..	..	8	...	.....
Greensburg, 5,702—Decatur								
Odd Fellows Home Hospital	Inst	Frat	90	..	..	20	450	.....
Indianapolis, 364,161—Marion								
Florence Crittenton Home.	Mat	Indep	22	18	45	16	53	.....
Indiana Girls School	Inst	State	14	..	..	4	...	.....
Indianapolis Orphan Asylum	Inst	Indep	15	..	..	7	370	.....
Indiana State School for the Deaf	Inst	State	22	..	..	4	200	.....
Indiana Woman's Prison	Inst	State	10	..	..	3	20	.....
Julietta Insane Hospital	N&M	Co	350	..	..	341	100	.....
Knightstown, 2,209—Henry								
Indiana Sailors' and Soldiers' Children's Home	Inst	State	35	..	..	4	1,435	.....
La Fayette, 26,240—Tippecanoe								
Indiana State Soldiers' Home Hospital	Inst	State	150	..	..	120	274	.....
Lagrange, 1,640—Lagrange								
Erwin Hospital	Gen	Indiv	10	2	7	1	44	.....
Michigan City, 26,735—La Porte								
Indiana Hospital for Insane Criminals	Ment	State	255	..	..	242	...	.....
Indiana State Prison Hosp.	Inst	State	102	..	..	92	600	.....
Mooresville, 1,910—Morgan								
Dr. J. E. Comer's Hospital	Proct	Indiv	25	..	..	15	150	.....
Newcastle, 14,027—Henry								
Indiana Village for Epileptics	Epil	State	874	..	..	874	...	.....
Pendleton, 1,538—Madison								
Indiana State Reformatory Hospital	Inst	State	120	..	..	61	2,253	.....

Key to symbols and abbreviations is on page 1021

INDIANA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Plainfield, 1,617—Hendricks								
Indiana Boys School Hosp.	Inst	State	30	..	..	3	96	.....
Wilkinson, 316—Hancock								
Charles Titus Sanitarium..	ENT	Indiv	7	..	..	3	300	.....
Winona Lake, 454—Kosciusko								
Franconia Convalescent and Rest Home	Conv	Indiv	20	..	..	3	40	.....

Summary for Indiana:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	114	18,011	13,608	118,501
Related institutions	27	4,598	3,982	6,939
Totals	141	22,609	17,590	125,440
Refused registration	20	827		

IOWA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Akron, 1,304—Plymouth								
Akron Hospital	Gen	Indiv	15	3	12	4	116	.....
Albia, 4,425—Monroe								
Miner's Hospital	Gen	Indiv	25	4	6	11	421	.....
Algona, 3,985—Kossuth								
Kossuth Hospital	Gen	Indiv	25	5	40	9	268	.....
Allerton, 784—Wayne								
Parker Hospital	Gen	Indiv	10	2	4	3	68	.....
Alta, 1,297—Buena Vista								
Alta Community Hospital.	Gen	Indep	13	5	..	8	196	.....
Anamosa, 3,579—Jones								
Mercy Hospital	Gen	Chrch	35	12	..	12	350	.....
Atlantic, 5,585—Cass								
Atlantic Hospital	Gen	Indep	30	6	38	11	371	.....
Battle Creek, 804—Ida								
New Battle Creek Hospital and Sanitarium	Gen	Indiv	16	3	20	10	300	75
Boone, 11,886—Boone								
Boone County Hospital	Gen	Co	45	10	186	16	644	.....
Burlington, 26,755—Des Moines								
Burlington Protestant Hospital◇	Gen	Indep	105	20	132	55	1,285	1,485
Mercy Hospital◇	Gen	Chrch	125	20	142	51	1,052	205
St. Francis Hospital	Gen	Chrch	75	10	129	15	790	.....
Carroll, 4,691—Carroll								
St. Anthony Hospital◇	Gen	Chrch	108	22	240	47	1,538	202
Cedar Falls, 7,362—Black Hawk								
Sartori Memorial Hospital	Gen	City	35	6	82	12	438	.....
Cedar Rapids, 56,097—Linn								
Mercy Hospital★◇	Gen	Chrch	126	20	306	71	2,003	543
St. Luke's Methodist Hosp.◇	Gen	Chrch	130	20	254	62	2,476	278
Centerville, 8,147—Appanoose								
St. Joseph's Mercy Hosp.◇.	Gen	Chrch	47	6	94	24	949	.....
Chariton, 5,365—Lucas								
Yocom Hospital	Gen	Indiv	20	5	..	6	...	.....
Charles City, 8,039—Floyd								
Cedar Valley Hospital	Gen	City	25	5	76	12	732	.....
Cherokee, 6,443—Cherokee								
Cherokee State Hospital	Ment	State	1,600	..	..	1,457	371	.....
Sioux Valley Hospital	Gen	Indep	35	7	90	11	610	.....
Clarinda, 4,962—Page								
Clarinda State Hospital	Ment	State	1,400	..	..	1,625	618	.....
Clinton, 25,726—Clinton								
Jane Lamb Memorial Hosp.◇	Gen	Indep	100	12	166	49	1,551	.....
St. Joseph Mercy Hospital◇	Gen	Chrch	85	12	..	30	1,766	.....
Colfax, 2,213—Jasper								
Colfax Sanitarium	Gen	Indiv	20	1	6	4	156	.....
Council Bluffs, 42,048—Pottawattamie								
Jennie Edmundson Memorial Hospital★◇	Gen	Indep	125	15	199	64	1,703	2,631
Mercy Hospital★◇	Gen	Chrch	135	14	172	69	1,994	.....
St. Bernard's Hospital	N&M	Chrch	240	..	..	180	192	.....
Cresco, 3,069—Howard								
St. Joseph's Mercy Hosp.	Gen	Chrch	30	6	35	7	236	.....
Creston, 8,615—Union								
Greater Community Hosp.	Gen	Indep	50	5	..	14	481	.....
Davenport, 60,751—Scott								
Mercy Hospital★◇	Gen	Chrch	125	20	360	69	2,311	.....
Pine Knoll Sanitarium	TB	Co	90	..	..	85	...	.....
St. Luke's Hospital◇	Gen	Chrch	81	19	223	34	1,439	.....
Decorah, 4,581—Winneshiek								
Decorah Hospital	Gen	Chrch	30	6	..	4	400	.....
Denison, 3,905—Crawford								
Denison Hospital	Gen	Indiv	15	3	15	4	261	.....
Des Moines, 142,559—Polk								
Broadlawns Polk County Public Hospital★◇	Gen	Co	110	16	394	91	3,614	12,909
Broadlawns Polk County Public Hospital, Tuberculosis Department	TB	Co	100	..	..	65	80	8
Iowa Lutheran Hospital★◇	Gen.	Chrch	140	20	241	79	2,744	.....
Iowa Methodist Hospital★◇	Gen	Chrch	239	40	598	117	4,818	.....
Mercy Hospital★◇	Gen	Chrch	153	23	328	80	2,689	.....
The Retreat	N&M	Indep	50	..	..	30	117	.....
Dubuque, 41,679—Dubuque								
Finley Hospital◇	Gen	Indep	91	10	148	40	1,397	.....
St. Joseph Mercy Hosp.◇.	Gen	Chrch	125	15	262	60	1,633	155
St. Joseph Sanitarium	N&M	Chrch	200	..	..	153	379	.....
Sunny Crest Sanatorium	TB	Co	70	..	..	63	76	119

IOWA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Eldora, 3,200—Hardin								
Eldora Booth Memorial Hospital	Gen	Indep	16	..	..	3	205	.....
Emmetsburg, 2,865—Palo Alto								
Palo Alto Hospital	Gen	Indep	14	2	36	5	166	.....
Estherville, 4,940—Emmet								
Birney Hospital	Gen	Indiv	15	2	36	6	240	580
Coleman Hospital	Gen	Indep	50	6	15	10	276	51
Fairfield, 6,619—Jefferson								
Jefferson County Hospital.	Gen	Co	24	6	112	15	539	233
Forest City, 2,016—Winnebago								
Irish Hospital	Gen	Indiv	13	5	52	6	272	.....
Ft. Des Moines, 700—Polk								
Station Hospital	Gen	Army	60	..	..	23	1,001	1,013
Ft. Dodge, 21,895—Webster								
Lutheran Hospital	Gen	Chrch	50	17	102	24	1,239	.....
St. Joseph Mercy Hosp.◇.	Gen	Chrch	114	16	125	38	1,304	.....
Ft. Madison, 13,779—Lee								
Atchison, Topeka & Santa Fe Railway Hospital	Indus	Indus	60	..	..	18	351	1,014
Sacred Heart Hospital	Gen	Chrch	60	12	114	22	900	.....
Grinnell, 4,949—Poweshiek								
Grinnell Community Hosp.	Gen	Indep	54	6	57	15	608	.....
St. Francis Hospital	Gen	Chrch	40	8	38	14	275	82
Hamburg, 2,103—Fremont								
Hamburg Hospital	Gen	Indiv	16	5	30	10	573	.....
Hampton, 3,473—Franklin								
Lutheran Hospital	Gen	Chrch	46	8	56	12	586	.....
Harlan, 3,145—Shelby								
Harlan Hospital	Gen	Indiv	11	2	7	3	628	.....
Hartley, 1,272—O'Brien								
Hand Hospital	Gen	Indiv	12	2	6	3	99	.....
Hawarden, 2,459—Sioux								
Hawarden Hospital	Gen	Indiv	12	5	..	2	100	.....
Hull, 905—Sioux								
Hull Hospital	Gen	Indep	15	3	14	7	254	.....
Ida Grove, 2,206—Ida								
Ida Grove General Hosp.	Gen	Part	12	3	15	4	125	.....
Independence, 3,691—Buchanan								
Independence State Hosp.	Ment	State	1,701	..	..	1,525	389	.....
Peoples Hospital	Gen	Indep	26	6	..	7	393	.....
Iowa City, 15,340—Johnson								
Children's Hospital	(Included in University Hospitals)							
Iowa State Psychopathic Hospital✦	Ment	State	60	..	..	45	342	1,063
Mercy Hospital◇	Gen	Chrch	125	20	210	51	1,166	.....
University Hospitals★✦◇	Gen	State	954	54	868	630	13,776	6,676
Iowa Falls, 4,112—Hardin								
Ellsworth Hospital	Gen	City	18	6	33	10	300	.....
Keokuk, 15,106—Lee								
Graham Protestant Hosp.◇	Gen	Indep	75	10	105	40	1,068	.....
St. Joseph's Hospital◇	Gen	Chrch	120	15	196	56	1,685	.....
Knoxville, 4,697—Marion								
Veterans Admin. Facility	Ment	Vet	851	..	..	845	149	.....
Lake City, 2,012—Calhoun								
Lake City General Hosp.	Gen	Part	25	6	30	7	346	1,860
McVay Memorial Hospital.	Gen	Indiv	12	5	40	7	264	.....
Le Mars, 4,788—Plymouth								
Sacred Heart Hospital◇	Gen	Chrch	50	10	92	26	714	.....
Leon, 2,006—Decatur								
Decatur County Hospital.	Gen	Co	20	5	..	New	...	.....
Manning, 1,817—Carroll								
Wyatt Memorial Hospital.	Gen	Indiv	22	4	20	4	...	.....
Maquoketa, 3,595—Jackson								
City Memorial Hospital	Gen	Indiv	20	4	25	11	273	.....
Marshalltown, 17,373—Marshall								
Evangelical Deaconess Home and Hospital◇	Gen	Chrch	125	16	119	57	1,586	.....
St. Thomas Mercy Hosp.◇.	Gen	Chrch	65	10	60	22	560	.....
Mason City, 23,304—Cerro Gordo								
Park Hospital	Gen	Indep	45	12	109	14	829	.....
St. Joseph's Mercy Hosp.◇	Gen	Chrch	75	12	146	32	1,237	.....
Story Hospital	Gen	Part	10	3	19	3	135	.....
McGregor, 1,299—Clayton								
McGregor Hospital	Gen	Indiv	12	2	8	4	190	.....
Monticello, 2,259—Jones								
John McDonald Hospital.	Gen	Indep	25	4	59	13	431	106
Mt. Pleasant, 3,743—Henry								
Henry County Soldiers' and Sailors' Memorial Hosp.	Gen	Co	20	5	47	9	308	108
Mt. Pleasant State Hosp.	Ment	State	1,600	..	..	1,523	353	.....
Muscatine, 16,778—Muscatine								
Bellevue Hospital	Gen	Indiv	30	4	41	7	290	.....
Benjamin Hershey Memorial Hospital	Gen	Indep	50	6	40	13	602	.....
Nevada, 3,133—Story								
Iowa Sanitarium and Hosp.	Gen	Chrch	40	5	..	25	...	.....
New Hampton, 2,458—Chickasaw								
St. Joseph's Hospital	Gen	Chrch	51	9	68	18	663	.....
Newton, 11,560—Jasper								
Mary Frances Skiff Memorial Hospital	Gen	City	45	10	126	19	697	.....
Oakdale, 52—Johnson								
State Sanatorium for Tuberculosis	TB	State	350	..	..	342	315	.....
Odebolt, 1,388—Sac								
Odebolt Hospital	Gen	Indiv	10	4	..	2	47	.....
Oelwein, 7,794—Fayette								
Mercy Hospital	Gen	Chrch	35	5	67	14	427	.....
Onawa, 2,538—Monona								
Onawa Hospital	Gen	Indiv	12	2	..	5	349	.....
Osceola, 2,871—Clarke								
Harken Hospital	Gen	Indiv	20	4	..	10	287	.....
Osceola Hospital	Gen	Part	20	5	21	8	238	.....
Osceola Sanitarium and Hospital	Gen	Indiv	15	3	12	3	48	.....

Key to symbols and abbreviations is on page 1021

IOWA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Oskaloosa, 10,123—Mahaska								
Mercy Hospital	Gen	Part	35	5	..	9	302	.....
Ottumwa, 28,075—Wapello								
Ottumwa Hospital	Gen	Indep	65	12	148	33	1,177	.....
St. Joseph Hospital◊	Gen	Chrch	75	12	132	50	1,251	750
Sunnyslope Sanatorium	TB	Co	53	..	..	60	140	127
Perry, 5,881—Dallas								
Kings Daughters Hospital.	Gen	Chrch	21	6	45	14	495	.....
Postville, 1,060—Allamakee								
Postville Hospital	Gen	Indiv	15	1	..	10	...	.....
Red Oak, 5,778—Montgomery								
Murphy Memorial Hospital	Gen	Indiv	12	4	30	6	200	.....
Sheldon, 3,320—O'Brien								
Cram Hospital	Gen	Indiv	12	1	10	3	80	.....
Myers Hospital	Gen	Indiv	20	6	20	4	130	124
Shenandoah, 6,502—Page								
Henry and Catherine Hand Hospital	Gen	Indep	24	6	53	5	595	.....
Sibley, 1,870—Osceola								
Osceola Hospital	Gen	Part	18	6	28	6	182	750
Sibley Hospital	Gen	Indiv	15	4	13	8	140	150
Sigourney, 2,262—Keokuk								
Sigourney Hospital	Gen	Indiv	11	3	9	3	63	.....
Sioux City, 79,183—Woodbury								
Lutheran Hospital◊	Gen	Chrch	90	15	307	52	1,797	1,000
Methodist Hospital◊	Gen	Chrch	120	18	241	56	2,236	452
St. Joseph's Mercy Hosp.*◊	Gen	Chrch	180	20	311	80	3,063	.....
St. Vincent's Hospital◊	Gen	Chrch	125	14	328	75	3,049	.....
Spencer, 5,019—Clay								
Spencer Hospital	Gen	Indep	12	2	33	7	330	.....
Toledo, 1,825—Tama								
Sac and Fox Tuberculosis Sanatorium	TB	I A	88	..	..	87	72	.....
Vinton, 3,372—Benton								
Virginia Gay Hospital	Gen	City	20	5	25	4	213	.....
Washington, 4,814—Washington								
Washington County Hosp.	Gen	Co	28	7	95	15	470	.....
Waterloo, 46,191—Black Hawk								
Allen Memorial Hospital◊	Gen	Chrch	82	8	166	16	919	.....
Presbyterian Hospital	Gen	Indep	35	10	134	22	821	.....
St. Francis Hospital	Gen	Chrch	75	15	175	40	1,209	.....
Waverly, 3,652—Bremer								
St. Joseph Mercy Hospital.	Gen	Chrch	50	6	64	12	640	561
Webster City, 7,024—Hamilton								
Hamilton County Public Hospital	Gen	Co	30	8	65	15	618	.....
West Union, 2,056—Fayette								
West Union Community Hospital	Gen	City	10	2	13	3	118	.....
Williamsburg, 1,219—Iowa								
Watts Hospital	Gen	Indiv	15	3	9	2	103	.....
Related Institutions								
Ames, 10,261—Story								
Iowa State College Hosp.	Inst	State	90	..	..	4	718	.....
Anamosa, 3,579—Jones								
Reformatory Hospital	Inst	State	51	..	..	16	1,076	.....
Belmond, 1,733—Wright								
Belmond Hospital	Gen	Indiv	8	..	..	2	137	.....
Bettendorf, 2,768—Scott								
Masonic Sanitarium	Conv	Frat	50	..	..	40	20	.....
Burlington, 26,755—Des Moines								
Des Moines County Asylum	Ment	Co	66	..	..	60	...	.....
Clarion, 2,578—Wright								
Tompkins and Walker Hosp.	Gen	Part	10	2	..	2	50	.....
Clinton, 25,726—Clinton								
Clinton Isolation Hospital.	Iso	CyCo	14	..	..	..	9	.....
Council Bluffs, 42,048—Pottawattamie								
City Isolation Hospital	Iso	City	10	..	..	5	78	.....
Iowa School for the Deaf Infirmary	Inst	State	35	..	..	14	602	.....
Davenport, 60,751—Scott								
Iowa Soldiers' Orphans' Home Hospital	Inst	State	23	19	..	15	1,009	.....
St. Elizabeth's and St. John's Hospitals	(Nervous and Mental Units of Mercy Hosp.)							
Des Moines, 142,559—Polk								
Benedict Home	Mat	Indep	35	15	24	22	46	.....
Broadlawns Polk County Public Hosp. (Contagious Department)	Iso	Co	60	..	..	12	251	.....
Salvation Army Rescue Home and Maternity Hosp.	Mat	Chrch	55	30	82	7	142	.....
Eldora, 3,200—Hardin								
Iowa Training School for Boys Hospital	Inst	State	34	..	..	1	375	.....
Elkader, 1,382—Clayton								
Clayton County Asylum	Ment	Co	50	..	..	43	...	.....
Ft. Madison, 13,779—Lee								
Iowa State Penitentiary Hospital	Inst	State	38	..	..	23	617	.....
Glenwood, 4,269—Mills								
Iowa Institution for Feebleminded Children	MeDe	State	1,800	..	..	1,700	500	.....
Holstein, 1,300—Ida								
Holstein Hospital	Gen	Indiv	10	2	5	1	20	.....
Indianola, 3,488—Warren								
Community Hospital	Gen	Indiv	6	3	14	2	60	.....
Iowa City, 15,340—Johnson								
Rohrbacher Sanitarium	Gen	Indiv	5	..	..	..	...	.....
Manchester, 3,413—Delaware								
Kocher Hospital	Gen	Indiv	8	..	17	3	83	.....
Marshalltown, 17,373—Marshall								
Iowa Soldiers' Home Hosp.	Inst	State	250	..	..	116	366	.....

IOWA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Mason City, 23,304—Cerro Gordo								
Iowa Odd-Fellows and Orphans Home Hospital	Gen	Frat	16	..	..	12	80	.....
Orange City, 1,727—Sioux								
De Bey Hospital	Gen	Part	6	..	..	1	...	.....
Doornink Hospital	Gen	Indiv	10	3	4	2	91	.....
Osage, 2,964—Mitchell								
Nissen Hospital	Gen	City	8	3	..	1	135	.....
Primghar, 962—O'Brien								
Ward Memorial Hospital	Gen	Indiv	8	1	..	..	...	.....
Red Oak, 5,778—Montgomery								
Powell School for Backward and Nervous Children	MeDe	Part	56	..	..	40	3	.....
Saylor (Des Moines P. O.)—Polk								
Polk County Hospital for Insane	Ment	Co	160	..	..	..	...	.....
Sioux City, 79,183—Woodbury								
City Detention Hospital	Iso	CyCo	18	3	..	4	179	.....
Toledo, 1,825—Tama								
Iowa State Juvenile Home Hospital	Inst	State	28	..	..	18	916	.....
Waukon, 2,526—Allamakee								
Hall Hospital	Mat	Indiv	10	8	55	2	62	.....
Rominger and Jeffries Emergency Hospital	Gen	Part	8	..	..	1	60	.....
Winterset, 2,921—Madison								
Winterset Hospital	Gen	Indiv	14	5	..	7	250	.....
Woodward, 901—Dallas								
Hospital for Epileptics and School for Feebleminded.	MeDe	State	1,148	..	..	1,147	250	.....

Summary for Iowa:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	129	15,184	11,266	107,550
Related institutions	38	4,378	3,600	8,819
Totals	167	19,562	14,866	116,369
Refused registration	17	474		

KANSAS

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Abilene, 5,658—Dickinson								
Dickinson County Memorial Hospital	Gen	Indep	21	4	49	8	397	.....
Anthony, 2,947—Harper								
Galloway Hospital	Gen	Indiv	35	9	185	20	800	.....
Arkansas City, 13,946—Cowley								
Mercy Hospital	Gen	Indep	50	8	..	9	...	71
Stricklen Hospital	Gen	Indiv	28	5	21	5	365	.....
Atchison, 13,024—Atchison								
Atchison Hospital	Gen	Indep	27	7	191	12	614	.....
Atwood, 1,166—Rawlins								
Henneberger Hospital	Gen	Indiv	12	2	4	3	95	.....
Belleville, 2,383—Republic								
R. G. Patterson Memorial Hospital	Gen	Chrch	25	4	30	9	304	218
Beloit, 3,502—Mitchell								
Community Hospital	Gen	Indep	50	10	60	19	674	197
Bonner Springs, 1,837—Wyandotte								
Bonner Springs Sanitarium	N&M	Indiv	20	..	..	14	14	.....
Chanute, 10,277—Neosho								
Johnson Hospital◊	Gen	Indiv	50	6	33	17	756	5,265
Coffeyville, 16,198—Montgomery								
Southeastern Kansas Hosp.◊	Gen	Indep	18	1	37	7	304	.....
Columbus, 3,235—Cherokee								
Maud Norton Memorial City Hospital	Gen	City	15	..	6	5	212	.....
Concordia, 5,792—Cloud								
St. Joseph's Hospital◊	Gen	Chrch	75	6	53	21	810	.....
Council Grove, 2,898—Morris								
Council Grove Hospital	Gen	Part	10	2	..	5	210	.....
Dodge City, 10,059—Ford								
St. Anthony Hospital◊	Gen	Chrch	80	15	..	40	1,500	.....
Eldorado, 10,311—Butler								
Susan B. Allen Memorial Hospital◊	Gen	Indep	44	6	132	24	1,084	.....
Elkhart, 1,435—Morton								
Tucker Hospital	Gen	Indep	16	2	8	3	112	.....
Ellsworth, 2,072—Ellsworth								
Ellsworth Hospital◊	Gen	Indep	34	6	33	16	498	.....
Emporia, 14,067—Lyon								
Newman Memorial County Hospital◊	Gen	Co	66	14	148	32	1,111	.....
St. Mary's Hospital	Gen	Chrch	50	10	..	20	240	.....
Ft. Leavenworth, 5,025—Leavenworth								
Station Hospital	Gen	Army	150	5	56	61	1,197	5,831
Ft. Riley, 2,610—Geary								
Station Hospital	Gen	Army	137	8	89	78	2,091	.....
Ft. Scott, 10,763—Bourbon								
Mercy Hospital◊	Gen	Chrch	100	10	117	69	1,840	.....
Garden City, 6,121—Finney								
Bailey Hospital	Gen	Indiv	10	3	15	6	124	.....
St. Catherines Hospital◊	Gen	Chrch	50	9	192	21	792	.....
Girard, 2,442—Crawford								
Girard General Hospital	Gen	City	10	2	16	5	152	.....
Goessel, 116—Marion								
Mennonite Bethesda Hosp.	Gen	Chrch	14	5	41	7	217	.....

Key to symbols and abbreviations is on page 1021

KANSAS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Goodland, 3,626—Sherman								
Boothroy Memorial Hosp.	Gen	Chrch	22	3	27	7	296	.....
Great Bend, 5,548—Barton								
St. Rose Hospital◇	Gen	Chrch	120	18	162	34	1,221	.....
Halstead, 1,373—Harvey								
Halstead Hospital◇	Gen	Chrch	170	2	24	74	2,378	3,723
Hays, 4,618—Ellis								
Hays Protestant Hospital.	Gen	Chrch	38	5	31	14	352	.....
St. Anthony's Hospital	Gen	Chrch	100	25	216	59	1,831	.....
Hoisington, 3,001—Barton								
Atkin Hospital	Gen	Indiv	14	2	..	5	...	.....
Horton, 4,409—Brown								
Horton Hospital	Gen	Part	15	6	78	10	375	.....
Hutchinson, 27,085—Reno								
Grace Hospital	Gen	Chrch	110	17	416	44	1,885	294
St. Elizabeth's Mercy Hosp.◇	Gen	Chrch	50	12	167	20	810	15
Independence, 12,782—Montgomery								
Mercy Hospital◇	Gen	Chrch	100	15	52	25	770	.....
Junction City, 7,407—Geary								
Junction City Municipal Hospital	Gen	City	24	12	71	12	432	.....
Kansas City, 121,857—Wyandotte								
Bell Memorial Hospital★✦◇	Gen	State	227	23	337	183	4,492	2,049
Bethany Methodist Hosp.★◇	Gen	Chrch	120	25	297	69	2,464	.....
Douglass Hosp. (col.)◇	Gen	Chrch	25	2	..	10	...	.....
Grandview Sanitarium	N&M	Indiv	37	..	..	15	111	...
Providence Hospital◇	Gen	Chrch	86	14	178	52	1,356	.....
St. Margaret's Hospital★◇	Gen	Chrch	235	15	185	146	2,876	862
Larned, 3,532—Pawnee								
Larned Hospital	Gen	Indep	15	2	52	6	267	.....
Larned State Hospital	Ment	State	1,000	..	..	816	273	.....
Lawrence, 13,726—Douglas								
Lawrence Hospital	Gen	Indep	30	3	..	5	150	1,500
Lawrence Memorial Hosp.	Gen	City	52	10	..	25	...	.....
Leavenworth, 17,466—Leavenworth								
Cushing Memorial Hosp.◇	Gen	Indep	55	10	80	23	681	174
St. John's Hospital◇	Gen	Chrch	65	10	76	32	710	360
Liberal, 5,294—Seward								
Epworth Hospital	Gen	Chrch	42	9	39	14	432	144
Lincoln, 1,732—Lincoln								
City Hospital	Gen	Indiv	10	1	..	3	...	.....
Little River, 618—Rice								
Hoffman Memorial Hospital	Gen	City	18	2	7	3	78	.....
Lyons, 2,939—Rice								
Lyons Hospital	Gen	Indep	18	4	30	8	265	.....
Manhattan, 10,136—Riley								
Charlotte Swift Memorial Hospital◇	Gen	Indep	35	10	41	11	451	484
Marysville, 4,013—Marshall								
Randell Hospital	Gen	Indiv	16	6	..	6	...	.....
McPherson, 6,147—McPherson								
McPherson County Hosp.◇	Gen	Co	60	13	160	27	1,092	104
Mulvane, 1,042—Sumner								
A. T. & S. F. Railway Hosp.	Indus	Indus	50	..	..	33	640	916
Nashville, 234—Kingman								
Nashville Hospital	Gen	Indiv	12	1	6	3	...	167
Newton, 11,034—Harvey								
Axtell Christian Hospital◇	Gen	Chrch	46	12	81	22	954	764
Bethel Deaconess Hospital◇	Gen	Chrch	48	12	148	25	744	603
Norton, 2,767—Norton								
Laird Memorial Hospital	Gen	Chrch	24	8	30	6	274	.....
State Sanatorium for Tuberculosis	TB	State	256	..	..	252	199	148
Osawatomie, 4,440—Miami								
Osawatomie State Hosp.✦	Ment	State	1,650	..	..	1,600	308	.....
Ottawa, 9,563—Franklin								
Ransom Memorial Hospital	Gen	Co	45	12	54	14	538	110
Parsons, 14,903—Labette								
Mercy Hospital◇	Gen	Chrch	35	5	41	17	366	.....
M. K. T. Railroad Employes' Hospital	Indus	Indus	50	..	..	22	376	956
State Hospital for Epileptics	Epil	State	808	..	..	751	110	.....
Pittsburg, 18,145—Crawford								
Mt. Carmel Hospital◇	Gen	Chrch	75	5	59	39	1,140	.....
Pratt, 6,322—Pratt								
Ninnescah Hospital◇	Gen	Indep	20	6	17	4	240	.....
Quinter, 570—Gove								
Quinter Hospital and Sanitarium	Gen	Indiv	10	5	34	4	124	.....
Ransom, 431—Ness								
Mid-West Hospital	Gen	Indiv	10	5	..	4	...	.....
Sabetha, 2,332—Nemaha								
St. Anthony Murdock Memorial Hospital◇	Gen	Chrch	100	11	54	30	1,275	.....
Salina, 20,155—Saline								
Asbury Protestant Hosp.◇	Gen	Chrch	48	10	227	25	728	95
St. John's Hospital◇	Gen	Chrch	55	11	109	32	896	.....
Smith Center, 1,736—Smith								
Funk's Private Hospital	Gen	Indiv	10	1	..	3	...	.....
Spearville, 703—Ford								
Perkins Hospital	Gen	Indep	10	3	13	5	184	.....
Stafford, 1,614—Stafford								
Community Hospital	Gen	Part	18	3	26	6	163	.....
Sterling, 1,868—Rice								
Sterling Hospital	Gen	Indep	20	3	19	7	369	.....
Syracuse, 1,383—Hamilton								
Donohue Memorial Hosp.	Gen	Co	25	6	56	8	292	.....

KANSAS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Topeka, 64,120—Shawnee								
A. T. & S. F. Railway Hospital	Indus	Indus	140	..	..	88	2,010	.....
Christ's Hospital◇	Gen	Chrch	75	20	195	44	1,344	.....
Hillcrest Sanatorium	TB	CyCo	60	..	..	45	164	.....
Jane C. Stormont Hosp.◇	Gen	Indep	75	15	198	41	1,440	.....
Menninger Sanitarium✦⊙	N&M	Indep	50	..	..	26	97	.....
St. Francis Hospital◇	Gen	Chrch	75	12	151	51	1,354	.....
Security Benefit Home and Hospital	Gen	Frat	250	..	..	61	1,430	.....
Topeka State Hospital	Ment	State	1,827	..	..	1,818	379	.....
Veterans Administration Home, 3,100—Leavenworth								
Veterans Admin. Facility	Gen	Vet	1,201	..	..	399	1,357	.....
Wamego, 1,647—Pottawatomie								
Genn Hospital	Gen	City	15	4	56	5	307	.....
Wellington, 7,405—Sumner								
Hatcher Hospital	Gen	Indep	35	5	30	9	334	.....
St. Luke's Hospital	Gen	Indep	20	8	47	7	391	.....
Wichita, 111,110—Sedgwick								
Coffman Hospital	Gen	Indiv	15	2	25	7	300	.....
St. Francis Hospital★◇	Gen	Chrch	325	25	330	110	3,314	661
Sedgwick County Tuberculosis Sanitarium	TB	Co	45	..	..	44	44	.....
Veterans Admin. Facility	Gen	Vet	180	..	..	New	...	.....
Wesley Hospital★◇	Gen	Chrch	209	26	359	124	2,996	1,576
Wichita Hospital◇	Gen	Chrch	105	14	201	75	2,100	106
Winfield, 9,398—Cowley								
St. Mary's Hospital◇	Gen	Chrch	44	6	40	30	775	.....
William Newton Memorial Hospital◇	Gen	City	43	10	87	19	597	511
Related Institutions								
Ashland, 1,232—Clark								
Ashland Hospital	Gen	Indep	10	4	42	4	332	.....
Atchison, 13,024—Atchison								
Prospect Park Sanitarium.	N&M	Indiv	22	..	2	12	46	.....
Ellsworth, 2,072—Ellsworth								
Mother Bickerdyke Home and Hospital	Inst	State	33	..	..	16	12	.....
Ft. Dodge, 515—Ford								
Kansas State Soldiers' Home Hospital	Inst	State	36	..	..	20	192	.....
Humboldt, 2,558—Allen								
Dr. Payne's Emergency Hospital	Gen	Indiv	10	2	..	1	...	.....
Lansing, 812—Leavenworth								
Asylum for Dangerous Insane	Ment	State	75	..	..	73	8	.....
Kansas State Penitentiary Hospital	Inst	State	55	..	..	26	876	.....
Lawrence, 13,726—Douglas								
Haskell Institute Hospital.	Inst	I A	46	..	..	6	626	.....
Watkins Memorial Hosp.	Inst	State	46	..	..	11	997	.....
Leavenworth, 17,466—Leavenworth								
County Hospital	Inst	Co	27	..	..	27	...	.....
Evergreen Sanitarium	N&M	Indiv	28	..	..	14	...	.....
United States Penitentiary Hospital	Inst	Fed	180	..	..	136	2,734	.....
Lebanon, 723—Smith								
Lebanon Hospital	Gen	Indiv	10	3	6	1	64	.....
Lincoln, 1,732—Lincoln								
Lincoln Hospital	Gen	Indiv	7	4	10	2	28	.....
Manhattan, 10,136—Riley								
Kansas State College Hosp.	Inst	State	30	..	..	1	202	.....
Marion, 1,959—Marion								
Marion Hospital	Gen	Indep	10	1	..	1	...	.....
Marysville, 4,013—Marshall								
Marysville Hospital	Gen	Indiv	10	2	12	3	100	.....
Norwich, 477—Kingman								
Norwich Hospital	Gen	Indiv	6	2	6	3	70	.....
Olathe, 3,656—Johnson								
State School for the Deaf	Inst	State	19	..	..	3	...	.....
Parsons, 14,903—Labette								
Parsons Hospital and Maternity Home	Gen	Indiv	8	2	12	5	132	.....
Scott City, 1,544—Scott								
Scott City Hospital	Gen	Indiv	9	6	25	2	80	.....
Topeka, 64,120—Shawnee								
Methodist Episcopal Home for the Aged	Inst	Chrch	60	..	..	59	112	.....
Nellie Johns Memorial Hospital (col.)	Inst	State	20	1	..	2	...	.....
Wichita, 111,110—Sedgwick								
Salvation Army Home and Hospital	Mat	Chrch	77	19	132	69	189	.....
Suburban Rest Sanitarium.	Conv	Indiv	25	..	..	12	80	.....
Wichita Children's Home Hospital	Inst	Indep	25	..	..	5	100	.....
Winfield, 9,398—Cowley								
State Training School	MeDe	State	1,092	..	..	1,011	81	.....

Summary for Kansas:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	98	10,708	7,832	73,528
Related institutions	29	3,181	1,927	9,291
Totals	127	13,889	9,759	82,819
Refused registration	26	572		

Key to symbols and abbreviations is on page 1021

KENTUCKY

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Ashland, 29,074—Boyd								
Kings Daughters Hospital◇	Gen	Chrch	75	6	98	23	863	.....
Stephenson Hospital and Clinic	Gen	Indiv	52	8	..	16	542	.....
Barbourville, 2,380—Knox								
Logan Hospital	Gen	Indiv	16	2	10	4	125	.....
Berea, 1,827—Madison								
Berea College Hospital◇	Gen	Indep	50	2	25	24	2,158	.....
Beverly, 69—Bell								
Red Bird Evangelical Hosp.	Gen	Chrch	16	4	8	5	115	.....
Bowling Green, 12,348—Warren								
City Hospital◇	Gen	City	52	8	50	15	530	.....
Carlisle, 1,469—Nicholas								
Johnson Memorial Hosp.	Gen	Co	12	2	11	4	139	.....
Covington, 65,252—Kenton								
St. Elizabeth Hospital★◇	Gen	Chrch	262	28	693	187	4,226	3,636
Cynthiana, 4,386—Harrison								
Harrison Memorial Hosp.◇	Gen	Indep	35	5	30	12	165	.....
Danville, 6,729—Boyle								
Danville and Boyle County Hospital	Gen	CyCo	50	4	50	25	1,000	.....
Dayton, 9,071—Campbell								
Speer's Memorial Hospital◇	Gen	Co	97	15	..	70	2,147	.....
Fort Knox, 500—Hardin								
Station Hospital	Gen	Army	50	..	..	28	1,450	.....
Ft. Thomas (Newport P.O.)—Campbell								
Station Hospital	Gen	Army	52	..	..	18	360	.....
Frankfort, 11,626—Franklin								
Kings Daughters Hospital.	Gen	Indep	35	5	54	17	535	.....
Franklin, 3,056—Simpson								
Southern Kentucky Sanat.	Gen	Indiv	50	15	..	25	...	.....
Frenchburg, 246—Menifee								
Frenchburg Hospital	Gen	Chrch	20	..	5	4	85	630
Georgetown, 4,229—Scott								
John Graves Ford Memorial Hospital	Gen	CyCo	23	6	37	9	362	.....
Glasgow, 5,042—Barren								
T. J. Samson Community Hospital	Gen	Indep	51	8	40	18	951	255
Harlan, 4,327—Harlan								
Harlan Hospital	Gen	Indep	50	6	23	24	1,014	.....
Harrodsburg, 4,029—Mercer								
A. D. Price Memorial Hosp.	Gen	Indep	25	4	6	8	223	.....
Hazard, 7,021—Perry								
Hazard Hospital	Gen	Indep	37	1	20	17	836	3,600
Hurst-Snyder Hospital	Gen	Part	34	7	..	18	...	.....
Henderson, 11,668—Henderson								
Henderson Hospital	Gen	Indep	42	5	52	25	899	100
Hopkinsville, 10,746—Christian								
Jennie Stuart Memorial Hospital◇	Gen	Indep	27	3	11	12	641	.....
Hyden, 313—Leslie								
Frontier Nursing Service Hospital	Gen	Indep	12	6	21	10	341	.....
Jackson, 2,109—Breathitt								
Bach Hospital	Gen	Indiv	28	2	..	14	...	.....
Jenkins, 8,465—Letcher								
Jenkins Hospital	Gen	Indus	50	10	31	31	610	1,900
Kenvir, 1,212—Harlan								
Black Mountain Hospital.	Gen	Indus	15	1	..	3	...	.....
Lexington, 45,736—Fayette								
Good Samaritan Hosp.★◇	Gen	Chrch	200	16	258	118	4,225	.....
High Oaks Sanatorium	N&M	Indiv	35	..	..	15	159	.....
Julius Marks Sanatorium.	TB	Co	90	..	..	89	139	.....
St. Joseph's Hospital★◇	Gen	Chrch	190	20	263	120	2,653	.....
Shriners Hospital for Crippled Children	Orth	Frat	28	..	..	24	113	114
Veterans Admin. Facility.	Ment	Vet	259	..	..	184	1,301	.....
London, 1,950—Laurel								
Pennington General Hosp.	Gen	Indep	35	4	8	12	350	.....
Louisa, 1,961—Lawrence								
Louisa General Hospital	Gen	Indiv	35	6	9	4	128	.....
Riverview Hospital	Gen	Part	10	2	..	5	200	.....
Louisville, 307,745—Jefferson								
Beechhurst Sanitarium	N&M	Indiv	20	..	..	8	24	.....
Children's Free Hospital◇	Gen	Indep	74	..	..	58	915	.....
Jewish Hospital◇	Gen	Indep	86	14	134	36	1,280	.....
Kentucky Baptist Hosp.◇	Gen	Chrch	130	20	235	67	2,419	.....
Kosair Crippled Children Hospital	Orth	Indep	77	..	..	35	183	.....
Louisville City Hosp.★◇	Gen	City	423	44	994	420	10,442	34,902
Louisville Neuropathic Sanatorium	N&M	Indep	24	..	..	20	204	.....
Methodist Episcopal Deaconess Hospital◇	Gen	Chrch	67	8	151	40	1,066	.....
Norton Mem. Infirmary★◇	Gen	Chrch	140	25	..	63	...	1,950
Red Cross Hosp. (col.)◇	Gen	Indep	60	8	10	22	258	.....
St. Anthony's Hospital★◇	Gen	Chrch	135	22	368	78	2,126	.....
St. Joseph Infirmary★◇	Gen	Chrch	300	26	333	135	4,286	832
SS. Mary and Elizabeth Hospital★◇	Gen	Chrch	145	18	319	72	2,336	.....
State Tuberculosis Sanatorium	TB	State	82	..	..	39	67	.....
Stokes Sanatorium	N&M	Indiv	35	..	..	12	125	.....
U. S. Marine Hospital	Gen	USPH	100	..	..	66	727	363
Lynch, 3,050—Harlan								
Lynch Hospital	Gen	Indus	50	4	33	8	315	.....
Madisonville, 6,908—Hopkins								
Madisonville Hospital	Gen	Indep	20	3	8	6	486	.....
Manchester, 715—Clay								
Anderson and Ricketts Hosp.	Gen	Part	20	4	2	5	32	.....
Martin, 799—Floyd								
Beaver Valley Hospital	Gen	Part	50	2	..	25	...	.....
Mayfield, 8,177—Graves								
Fuller-Gilliam Hospital	Gen	Indep	12	3	34	6	382	.....
Mayfield Hospital	Gen	Part	40	2	26	12	616	2,416

KENTUCKY—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Maysville, 6,557—Mason								
Hayswood Hospital	Gen	Indep	39	6	15	12	498	.....
Middlesboro, 10,350—Bell								
Middlesboro Hospital◇	Gen	Indep	50	3	..	17	...	.....
Mt. Sterling, 4,350—Montgomery								
Mary Chiles Hospital	Gen	City	16	3	11	6	233	.....
Murray, 2,891—Calloway								
Keys-Houston Clinic Hosp.	Gen	Part	25	4	15	8	208	3,000
Wm. Mason Memorial Hospital◇	Gen	Indep	65	5	11	28	593	2,190
Outwood,—Christian								
Veterans Admin. Facility.	TB	Vet	375	..	..	310	783	.....
Owensboro, 22,765—Daviess								
Owensboro City Hospital◇	Gen	City	100	10	110	32	1,230	.....
Paducah, 33,541—McCracken								
Ewart Purcell Isolation Hospital	(Included in Riverside Hospital)							
Illinois Central Hospital	Gen	Indus	90	4	..	23	1,147	4,288
Riverside Hospital	Gen	City	112	12	164	21	1,195	1,045
Paintsville, 2,411—Johnson								
Paintsville Hospital	Gen	Indep	30	4	17	18	562	1,000
Paris, 6,204—Bourbon								
W. W. Massie Memorial Hospital◇	Gen	City	46	4	51	17	449	.....
Pewee Valley, 582—Oldham								
Pewee Valley Sanitarium and Hospital	Gen	Indep	22	3	11	5	100	.....
Pikeville, 3,376—Pike								
Methodist Hospital	Gen	Chrch	45	5	22	18	858	.....
Pineville, 3,567—Bell								
Pineville Community Hosp.	Gen	Indep	30	1	6	8	310	.....
Princeton, 4,764—Caldwell								
Princeton Hospital	Gen	Indep	15	3	..	5	...	.....
Richmond 6,495—Madison								
Gibson Hospital	Gen	Indiv	20	..	5	4	148	.....
Pattie A. Clay Infirmary.	Gen	Indep	35	4	20	19	672	.....
U. S. Public Health Service Trachoma Hospital	Trach	USPH	38	..	..	36	...	840
Seco, 1,150—Letcher								
Seco Hospital	Gen	Indiv	10	..	3	4	400	.....
Shelbyville, 4,033—Shelby								
Kings Daughters Hospital.	Gen	Chrch	35	6	43	15	400	.....
Somerset, 5,506—Pulaski								
Somerset General Hospital.	Gen	Indep	20	3	..	6	277	.....
Versailles, 2,244—Woodford								
Woodford County Memorial Hospital	Gen	CyCo	25	4	43	12	375	.....
Waverly Hills,—Jefferson								
Waverly Hills Sanatorium.	TB	CyCo	500	..	..	477	445	.....
Winchester, 8,233—Clark								
Clark County Hospital	Gen	Indep	35	5	50	12	600	.....
Guerrant Clinic and Hosp.	Gen	Indep	25	3	..	5	211	2,190
Related Institutions								
Danville, 6,729—Boyle								
Kentucky School for the Deaf Hospital	Inst	State	40	..	..	5	...	.....
Earlington, 3,309—Hopkins								
West Kentucky Hospital.	Indus	Indus	10	..	..	..	...	.....
Eddyville, 1,990—Lyon								
Kentucky Penitentiary Hosp.	Inst	State	30	..	..	3	...	.....
Fleming, 1,389—Letcher								
Fleming Hospital	Indus	Indus	10	..	..	1	30	.....
Florence, 450—Boone								
Highway Medical Hospital.	Gen	Indiv	25	4	..	4	...	.....
Frankfort, 11,626—Franklin								
Kentucky State Reformatory Hospital	Inst	State	95	..	..	82	3,000	.....
State Institution for the Feebleminded	MeDe	State	807	..	..	699	62	.....
Fulton, 3,502—Fulton								
Curlin-Neill Hospital	Gen	Indiv	8	7	7	1	42	.....
Grayson, 1,022—Carter								
J. Q. Stovall Memorial Hospital	Gen	Indiv	10	1	3	5	106	.....
Guerrant, 27—Breathitt								
Highland Institution Hosp.	Gen	Chrch	8	..	..	1	60	.....
Hopkinsville, 10,746—Christian								
Western State Hospital	Ment	State	1,900	..	..	1,770	96	.....
Lakeland, 55—Jefferson								
Central State Hospital	Ment	State	2,346	..	..	2,322	613	.....
Lexington, 45,736—Fayette								
Eastern State Hospital	Ment	State	1,800	..	..	1,752	612	.....
Louisville, 307,745—Jefferson								
Kings Daughters Home for Incurables	Inc	Chrch	98	..	..	87	23	.....
Susan Speed Davis Home and Hospital	MatCh	Chrch	28	7	80	20	180	.....
Paducah, 33,541—McCracken								
McCracken County Tuberculosis Sanitarium	TB	Co	20	..	..	10	18	.....
Pewee Valley, 582—Oldham								
Kentucky Confederate Inf.	Inst	State	28	..	..	7	9	.....
Shelbyville, 4,033—Shelby								
Old Masons' Home of Kentucky Hospital	Inst	Frat	21	..	..	4	...	.....
Smiths Grove, 718—Warren								
Lucy T. Owen Hospital	Gen	Indiv	10	1	1	1	28	.....
Somerset, 5,506—Pulaski								
Pulaski County Hospital.	Gen	Indep	12	2	..	3	150	.....

Summary for Kentucky:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	84	6,077	3,560	73,429
Related institutions	20	7,174	6,772	5,029
Totals	104	13,251	10,332	78,458
Refused registration	12	206		

Key to symbols and abbreviations is on page 1021

LOUISIANA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Alexandria, 23,025—Rapides								
Baptist Hospital	Gen	Chrch	26	5	..	24	...	.....
Veterans Admin. Facility	Gen	Vet	439	..	..	379	1,584	.....
Bastrop, 5,121—Morehouse								
Bastrop General Hospital	Gen	Indiv	25	5	16	5	289	200
Baton Rouge, 30,729—East Baton Rouge								
Baton Rouge General Hosp.◇	Gen	Indep	69	6	36	36	1,351	.....
Our Lady of the Lake Sanitarium◇	Gen	Chrch	100	10	194	53	2,315	.....
Bogalusa, 14,029—Washington								
Elizabeth Sullivan Memorial Hospital◇	Gen	Indus	82	12	210	61	2,647	3,659
Carville, 308—Iberville								
U. S. Marine Hospital✚	LeproUSPH		425	..	..	369	78	.....
Converse, 291—Sabine								
Allen Sanitarium	Gen	Indiv	26	8	20	6	556	.....
Covington, 3,208—St. Tammany								
New Fenwick Sanitarium	N&M	Indiv	64	..	..	22	148	.....
Crowley, 7,656—Acadia								
Crowley Sanitarium	Gen	Indep	14	2	23	1	562	.....
De Ridder, 3,737—Beauregard								
De Ridder Sanitarium	Gen	Indep	18	1	8	2	129	.....
Elizabeth, 3,000—Allen								
Industrial Lumber Company Hosptial	Gen	Indus	22	1	..	25	...	1,500
Eunice, 3,597—St. Landry								
Eunice Clinic and Hospital	Gen	Indep	20	2	..	6	...	.....
Ferriday, 2,502—Concordia								
Ferriday Hospital	Gen	Part	10	2	10	2	87	.....
Greenwell Springs,—East Baton Rouge								
Greenwell Springs Sanat	TB	State	96	..	..	85	94	.....
Haynesville, 2,541—Claiborne								
Haynesville Hospital	Gen	Indep	25	2	12	5	262	.....
Jackson, 3,966—East Feliciana								
East Louisiana State Hospital✚	Ment	State	3,250	..	..	3,094	654	.....
Lafayette, 14,635—Lafayette								
Lafayette Sanitarium	Gen	Indep	25	2	9	5	337	.....
St. John Hospital	Gen	Indiv	25	4	..	10	...	.....
Lake Charles, 15,791—Calcasieu								
St. Patrick's Sanitarium◇	Gen	Chrch	85	15	84	17	1,281	.....
Lecompte, 1,247—Rapides								
Lecompte Sanitarium	Gen	Part	18	2	70	3	825	.....
Mansfield, 3,837—De Soto								
Mansfield Sanitarium	Gen	Indep	32	2	17	7	313	.....
Minden, 5,623—Webster								
Minden Sanitarium	Gen	Indep	35	2	25	5	384	.....
Monroe, 26,028—Ouachita								
St. Francis' Sanitarium◇	Gen	Chrch	125	15	162	67	3,972	.....
Vaughan-Wright-Bendel Clinic	Gen	Part	36	9	56	15	1,270	.....
Natchitoches, 4,547—Natchitoches								
Natchitoches Hospital	Gen	Indep	20	4	..	3	324	.....
New Iberia, 8,003—Iberia								
Dauterive Hospital	Gen	Indiv	20	2	29	9	329	.....
New Orleans, 458,762—Orleans								
Charity Hospital✱✱◇	Gen	State	1,756	53	3,266	2,185	48,077	57,307
City Hospital for Mental Diseases	Ment	City	100	..	..	67	623	.....
Delgado Memorial Hospital	(Included in Charity Hospital)							
De Paul Sanitarium	N&M	Chrch	250	..	..	250	528	.....
Eye, Ear, Nose and Throat Hospital✚	ENT	Indep	70	..	..	10	3,786	10,064
Flint-Goodridge Hospital of Dillard Univ. (col.)✱◇	Gen	Indep	88	12	63	33	977	1,858
French Hospital	Gen	Frat	62	13	226	22	1,011	.....
Hotel Dieu Hospital✱◇	Gen	Chrch	238	25	430	149	5,263	.....
Illinois Central Hospital	Indus	Indus	60	..	..	24	728	3,555
John Dibert Memorial Tuberculosis Hospital	(Included in Charity Hospital)							
Mercy Hospital-Soniat Memorial✱◇	Gen	Chrch	125	40	351	53	2,365	5,854
New Orleans Hospital and Dispensary for Women and Children	Gen	Indep	35	12	342	16	1,345	3,335
Richard Milliken Memorial Hospital	(Included in Charity Hospital)							
Southern Baptist Hosp.✱◇	Gen	Chrch	198	24	343	105	6,785	.....
Touro Infirmary✱✱◇	Gen	Indep	327	44	1,145	195	7,720	11,615
U. S. Marine Hospital	Gen	USPH	500	..	..	445	3,809	8,177
Opelousas, 6,299—St. Landry								
St. Landry Sanitarium	Gen	Indiv	15	..	..	7	...	.....
St. Rita's Infirmary	Gen	Part	20	..	48	16	364	.....
Patterson, 2,206—St. Mary								
St. Mary Hospital	Gen	Part	30	..	..	8	...	.....
Pineville, 3,612—Rapides								
Central Louisiana State Hospital	Ment	State	1,700	..	..	1,672	407	.....
Plaquemine, 5,124—Iberville								
Plaquemine Sanitarium	Gen	Indep	25	7	14	4	1,154	.....
Ruston, 4,400—Lincoln								
Ruston-Lincoln Sanitarium	Gen	Indep	25	2	26	5	263	.....
Shreveport, 76,655—Caddo								
Highland Sanitarium◇	Gen	Part	100	8	182	35	2,391	990
North Louisiana Sanit.◇	Gen	Indep	100	10	153	51	1,978	742
Pines Sanatorium	TB	Indep	130	..	..	64	...	.....
T. E. Schumpert Memorial Sanitarium✱◇	Gen	Chrch	150	12	150	51	3,085	.....
Shreveport Charity Hosp.✱◇	Gen	State	500	40	1,075	424	13,808	.....
Shriners Hospital for Crippled Children✚	Orth	Frat	60	..	..	63	136	60
Tri-State Hospital◇	Gen	Indep	100	5	162	50	2,009	.....
Winnsboro, 1,965—Franklin								
Winnsboro Sanitarium	Gen	Indep	30	..	..	3	100	.....

LOUISIANA—Continued

Related Institutions	Outpatients	Patients Admitted	Average Patients	Number of Births	Bassinets	Beds, Rated Capacity	Control	Type of Service
Alexandria, 23,025—Rapides								
State Colony and Training School	MeDe	State	650	..	..	650	50	.....
Angola, 18—West Feliciana								
Louisiana State Penitentiary Hospital	Inst	State	25	..	..	12	...	.....
Breaux Bridge, 1,399—St. Martin								
St. Paul Hospital	Gen	Indiv	10	1	2	2	129	.....
New Orleans, 458,762—Orleans								
Isolation Hospital	Iso	CyCo	125	..	..	..	41	.....
New Orleans Convalescent Home	Conv	Indep	30	..	..	24	327	.....
New Orleans Home	Inc	Indep	125	..	..	108	20	.....
Orleans Tuberculosis Hosp.	TB	Indep	100	..	..	20	65	.....
St. Anna's Asylum	Inst	Chrch	10	..	..	2	50	.....

Summary for Louisiana:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	54	11,936	10,317	128,796
Related institutions	8	1,015	833	1,024
Totals	62	12,951	11,150	129,820
Refused registration	1	10		

MAINE

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Augusta, 17,198—Kennebec								
Augusta General Hospital◇	Gen	Indep	71	14	139	34	1,048	100
Augusta State Hospital	Ment	State	1,300	..	..	1,246	254	.....
Veterans Admin. Facility	Gen	Vet	275	..	..	186	833	813
Bangor, 28,749—Penobscot								
Bangor Sanatorium	TB	Indep	30	..	..	19	31	.....
Bangor State Hospital◎	Ment	State	880	..	..	965	228	.....
Eastern Maine General Hospital✱◇	Gen	Indep	159	14	83	121	3,233	5,203
Paine Private Hospital	Gen	Indiv	25	3	..	8	...	.....
Bar Harbor, 4,486—Hancock								
Mount Desert Island Hosp.	Gen	Indep	35	4	15	16	708	.....
Bar Mills, 165—York								
Buxton-Hollis Hospital	Gen	Indiv	12	2	8	4	125	350
Bath, 9,110—Sagadahoc								
Bath City Hospital◇	Gen	Indep	50	10	77	19	508	.....
Belfast, 4,993—Waldo								
Bradbury Memorial Hosp.	Gen	Indep	20	5	..	6	250	.....
Waldo County General Hospital◇	Gen	Indep	45	6	45	23	575	590
Biddeford, 17,633—York								
Trull Hospital◇	Gen	Part	40	10	..	30	636	300
Webber Hospital◇	Gen	Indep	50	10	144	30	980	1,228
Blue Hill, 1,439—Hancock								
Blue Hill Memorial Hosp.◇	Gen	Indep	25	6	..	17	326	534
Boothbay Harbor, 2,076—Lincoln								
St. Andrew's Hospital	Gen	Indep	20	4	15	2	121	100
Brunswick, 6,144—Cumberland								
Brunswick Hospital◇	Gen	Indiv	46	6	..	25	...	.....
Calais, 5,470—Washington								
Calais Hospital◇	Gen	Indiv	50	5	57	31	963	.....
Cape Cottage, 33—Cumberland								
Station Hospital	Gen	Army	50	..	..	11	624	1,205
Caribou, 7,248—Aroostook								
Cary Memorial Hospital◇	Gen	City	40	10	89	18	1,373	.....
Castine, 726—Hancock								
Castine Community Hosp.	Gen	Indep	10	6	..	8	315	.....
Eagle Lake, 1,780—Aroostook								
Northern Maine General Hospital	Gen	Chrch	32	..	..	22	338	.....
Ellsworth, 3,557—Hancock								
Hurley Private Hospital	Gen	Indiv	20	5	27	8	...	.....
Fairfield, 3,529—Somerset								
Central Maine Sanatorium	TB	State	184	..	..	178	210	204
Farmington, 1,737—Franklin								
Franklin County Memorial Hospital	Gen	Indep	49	10	74	16	592	729
Ft. Fairfield, 2,616—Aroostook								
Fort Fairfield Clinic	Gen	Indep	18	5	24	7	337	.....
Gardiner, 5,609—Kennebec								
Gardiner General Hospital◇	Gen	Indep	40	10	165	15	592	242
Greenville Junction, 345—Piscataquis								
Charles A. Dean Hospital	Gen	Indep	23	4	27	6	209	.....
Greenwood Mountain,—Oxford								
Western Maine Sanatorium	TB	State	150	..	..	146	108	768
Houlton, 6,865—Aroostook								
Aroostook Hospital◇	Gen	Indep	40	8	73	23	764	.....
Madigan Memorial Hosp.◇	Gen	Chrch	33	7	61	15	475	.....
Lewiston, 34,948—Androscoggin								
Central Maine General Hospital✱◇	Gen	Indep	151	28	294	99	2,448	232
St. Mary's General Hosp.◇	Gen	Chrch	150	12	131	82	2,105	2,271
Old Town, 7,266—Penobscot								
Deering Private Hospital	Gen	Indiv	10	2	6	3	85	.....
Portland, 70,810—Cumberland								
Children's Hospital◎	Chil	Indep	100	..	..	67	459	1,912
Farrington Hospital	Gen	City	100	8	..	75	...	.....
Dr. Leighton's Private Hosp.	Mat	Indiv	16	16	110	12	348	.....
Maine Eye and Ear Infirmary◇	Gen	Indep	110	20	263	83	2,141	16,027
Maine General Hospital✱◇	Gen	Indep	250	27	402	191	4,838	3,680
Queen's Hospital◇	Gen	Chrch	48	12	94	27	692	.....

Key to symbols and abbreviations is on page 1021

MAINE—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
St. Barnabas Hospital◇	Gen	Indiv	75	15	134	51	1,791	.....
State Street Hospital◇	Gen	Indep	52	12	..	34	804	.....
U. S. Marine Hospital	Gen	USPH	72	..	..	73	632	1,065
Presque Isle, 4,662—Aroostook								
Northern Maine Sanatorium	TB	State	118	..	..	112	92	.....
Presque Isle General Hosp.◇	Gen	Indep	50	10	110	30	1,003	172
Rockland, 9,075—Knox								
Knox County General Hospital◇	Gen	Indep	66	7	87	27	786	689
Rumford, 10,340—Oxford								
Rumford Community Hosp.◇	Gen	Indep	75	8	118	30	828	120
Sanford, 13,392—York								
Henrietta D. Goodall Hosp.◇	Gen	Indep	42	8	41	10	570	52
Skowhegan, 6,433—Somerset								
Kennebec Valley Hospital◇	Gen	Indiv	40	5	14	28	1,334	300
Waterville, 15,454—Kennebec								
Elm City Hospital◇	Gen	Indiv	22	3	38	17	409	.....
Sisters Hospital◇	Gen	Chrch	90	10	85	35	1,773	.....
Thayer Hospital	Gen	Indep	30	5	44	18	713	.....
Westbrook, 10,807—Cumberland								
Westbrook Hospital	Gen	Indiv	18	5	62	8	372	.....
York Village, 1,230—York								
York Hospital	Gen	Indep	20	6	53	7	226	145
Related Institutions								
Auburn, 18,571—Androscoggin								
Auburn Private Hospital	Gen	Indiv	10	6	44	5	103	.....
Bangor, 28,749—Penobscot								
Fellows Private Hospital	Gen	Indiv	20	2	4	4	165	.....
Friendship Hospital	Gen	Indiv	12	5	17	5	176	.....
Laura Purcell Hospital	Gen	Indiv	15	6	1	1	50	.....
Stinson Private Hospital	Gen	Indiv	20	11	43	6	218	.....
Bridgton, 2,659—Cumberland								
Northern Cumberland Memorial Hospital	Gen	Indep	5	4	8	1	18	.....
Dover-Foxcroft, 3,750—Piscataquis								
Dover-Foxcroft Hospital	Gen	Indiv	9	3	12	2	100	.....
East Parsonfield, 306—York								
Restland	TB	Indep	50	..	..	20	25	.....
Freeport, 973—Cumberland								
Freeport Hospital	Gen	Part	8	2	13	3	78	.....
Mars Hill, 1,837—Aroostook								
Mars Hill Hospital	Gen	Indiv	8	2	..	2	100	.....
Millinocket, 5,830—Penobscot								
Bryant Hospital	Gen	Indiv	7	5	..	4	...	.....
Portland, 70,810—Cumberland								
Portland Isolation Cottage	Iso	City	24	..	..	3	50	.....
Dr. C. P. Wescott Sanat.	Conv	Indiv	14	..	..	7	35	.....
Pownal, 462—Cumberland								
Pownal State School	MeDe	State	820	..	..	789	39	.....
Strong, 878—Franklin								
Dr. Bell's Private Hospital	Surg	Indiv	10	..	..	6	488	.....
Union, 1,060—Knox								
Jones Sanitarium	N&M	Indep	30	..	..	23	10	.....

Summary for Maine:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	53	5,241	4,189	41,358
Related institutions	16	1,386	1,067	2,688
Totals	69	6,627	5,256	44,046
Refused registration	6	130		

MARYLAND

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Aberdeen Proving Ground, 215—Harford								
Station Hospital	Gen	Army	12	..	..	3	131	.....
Annapolis, 12,531—Anne Arundel								
Annapolis Emergency Hosp.	Gen	State	78	14	207	47	1,671	2,341
U. S. Naval Hospital	Gen	Navy	165	..	..	62	1,205	.....
Baltimore, 804,874—Baltimore City								
Baltimore City Hospitals (General)★✚	Gen	City	746	10	123	601	5,244	4,711
Baltimore City Hospitals (Psychopathic)✚	Ment	City	325	..	..	300	338	.....
Baltimore City Hospitals (Tuberculosis)✚	TB	City	182	..	..	151	439	.....
Baltimore Eye, Ear and Throat Charity Hospital✚	ENT	Indep	60	..	..	25	2,470	6,097
Bon Secours Hospital◇	Gen	Chrch	106	26	228	50	1,454	423
Children's Hosp. School	Orth	Indep	120	..	..	86	253	.....
Church Home and Infirm.★✚◇	Gen	Chrch	162	19	307	105	2,511	573
Franklin Square Hospital★◇	Gen	Indep	114	15	256	77	2,103	.....
Gundry Sanitarium	N&M	Indiv	45	..	..	33	14	.....
Hospital for Women★◇	Gen	Indep	111	24	624	91	1,862	1,252
Howard A. Kelly Hospital	SkCa	Indep	27	..	..	6	189	1,182
James Lawrence Kernan Hospital and Industrial School for Crippled Children	Orth	Indep	80	..	..	72	147	2,555
Johns Hopkins Hospital★✚◇	Gen	Indep	909	71	1,165	571	11,948	18,574
Johnston Memorial Children's Hospital	(Children's Dept. of Union Memorial Hosp.)							
Maryland General Hosp.✚◇	Gen	Chrch	207	21	386	164	4,159	3,331
Mercy Hospital✚◇	Gen	Chrch	241	23	413	200	4,763	11,881
Mt. Hope Retreat⊙	N&M	Chrch	600	..	..	600	86	.....
Phipps Psychiatric Clinic	(Psychiatric Dept. of Johns Hopkins Hosp.)							
Presbyterian Eye, Ear and Throat Charity Hospital	ENT	Chrch	40	..	..	9	2,168	9,079
Provident Hospital and Free Dispensary (col.)★◇	Gen	Indep	120	9	138	92	1,499	1,931
St. Agnes' Hospital✚◇	Gen	Chrch	187	18	267	144	3,297	2,359
St. Joseph's Hospital✚◇	Gen	Chrch	255	35	568	145	4,188	5,021
Sinai Hospital✚◇	Gen	Indep	229	40	695	165	4,438	3,090
South Baltimore General Hospital✚◇	Gen	Indep	100	15	135	65	2,008	8,298
Sydenham Hospital	Iso	City	110	..	..	63	1,453	.....
Union Memorial Hosp.✚◇	Gen	Indep	312	24	288	219	5,282	5,558
U. S. Marine Hospital	Gen	USPH	300	..	..	193	1,580	6,798
University Hospital✚◇	Gen	State	250	25	400	196	5,113	38,190
Volunteers of America Hosp.	Gen	Indep	40	12	..	20	...	.....
West Baltimore General Hospital✚◇	Gen	Indep	165	35	263	88	2,006	2,095
Cambridge, 8,544—Dorchester								
Cambridge-Maryland Hosp.◇	Gen	Indep	75	14	128	34	874	818
Eastern Shore State Hosp.	Ment	State	353	..	..	328	81	.....
Catonsville, 4,560—Baltimore								
Harlem Lodge	N&M	Indiv	35	..	..	19	47	.....
Spring Grove State Hosp.	Ment	State	1,700	..	..	1,500	630	.....
Crisfield, 3,850—Somerset								
Edward W. McCready Memorial Hospital	Gen	Co	35	5	40	18	376	.....
Crownsville, (Waterbury P. O.)—Anne Arundel								
Crownsville State Hospital (col.)	Ment	State	949	..	..	958	298	.....
Cumberland, 37,747—Allegany								
Allegany County Tuberculosis Sanatorium	TB	Indep	22	..	..	14	29	.....
Allegany Hospital of the Sisters of Charity◇	Gen	Chrch	90	10	206	55	1,781	682
Memorial Hospital◇	Gen	CyCo	128	20	248	72	2,552	.....
Easton, 4,092—Talbot								
Emergency Hospital◇	Gen	Indep	82	19	198	57	1,890	1,172
Edgewood, 110—Harford								
Station Hospital	Gen	Army	60	..	..	15	605	4,772
Elkton, 3,331—Cecil								
Union Hospital of Cecil County	Gen	Indep	45	8	135	32	701	341
Ellicott City, 1,216—Howard								
Patapsco Manor Sanitarium	N&M	Indep	25	..	..	15	...	.....
Ft. George G. Meade,—Anne Arundel								
Station Hospital	Gen	Army	100	4	32	36	736	6,000
Ft. Howard, 598—Baltimore								
Station Hospital	Gen	Army	27	..	..	7	335	2,206
Ft. Washington, 415—Prince Georges								
Station Hospital	Gen	Army	28	..	..	9	355	3,101
Frederick, 14,434—Frederick								
Frederick City Hospital◇	Gen	Indep	113	12	97	45	1,599	279
Frostburg, 5,588—Allegany								
State General Miner's Hosp.	Gen	State	35	5	40	18	483	100
Hagerstown, 30,861—Washington								
Washington County Hosp.◇	Gen	Co	107	18	164	76	2,177	1,377
Havre de Grace, 3,985—Harford								
Havre de Grace Hospital	Gen	City	42	10	120	30	1,015	2,043
Henryton, 27—Carroll								
Maryland Tuberculosis Sanatorium (col.)	TB	State	156	..	..	146	208	.....
Ijamsville, 72—Frederick								
Riggs Cottage Sanitarium	N&M	Indiv	25	..	..	23	14	.....
Laurel, 2,532—Prince Georges								
Laurel Sanitarium	N&M	Indep	75	..	..	60	250	.....
Mount Wilson,—Baltimore								
Mt. Wilson Branch, Maryland Tuberculosis Sanat.	TB	State	168	..	..	167	152	.....
Olney, 83—Montgomery								
Montgomery County General Hospital	Gen	Indep	38	8	79	30	1,099	.....
Perry Point, 80—Cecil								
Veterans Admin. Facility	Ment	Vet	1,015	..	..	1,014	289	.....
Prince Frederick, 200—Calvert								
Calvert County Hospital	Gen	Co	40	6	..	15	305	.....
Reisterstown, 1,030—Baltimore								
Mt. Pleasant✚	TB	Indep	60	..	..	58	45	.....
Rockville, 1,422—Montgomery								
Chestnut Lodge Sanitarium	N&M	Indiv	33	..	..	27	69	.....
Salisbury, 10,997—Wicomico								
Maryland Tuberculosis Sanatorium, Eastern Shore Branch	TB	State	54	..	..	49	72	.....
Peninsula General Hosp.◇	Gen	Indep	92	16	272	64	2,007	548
State Sanatorium, 260—Frederick								
Maryland Tuberculosis Sanatorium	TB	State	510	..	..	468	761	.....
Sykesville, 661—Carroll								
Springfield State Hospital✚	Ment	State	2,600	..	..	2,396	491	.....
Towson, 3,500—Baltimore								
Aigburth Manor	Nerv	Indiv	25	..	..	16	57	.....
Hospital for Consumptives	TB	Indep	186	..	..	191	230	.....
Sheppard and Enoch Pratt Hospital✚⊙	N&M	Indep	300	..	..	271	378	.....
Related Institutions								
Baltimore, 804,874—Baltimore City								
Baltimore City Jail Hosp.	Inst	City	24	..	..	5	252	.....
Edgewood Sanitarium	Conv	Indiv	27	..	..	18	...	.....
Happy Hills Convalescent Home for Children	Conv	Indep	60	..	..	50	222	.....
Home for Incurables	Inc	Indep	117	..	..	117	30	.....
Maryland Penitentiary Hosp.	Inst	State	44	..	..	33	444	.....
Cheltenham (Brandywine P. O.), 37—Prince Georges								
House of Reformation (col.)	Inst	State	20	..	..	6	25	.....
Cumberland, 37,747—Allegany								
Sylvan Retreat	Ment	Co	90	..	..	85	...	.....

Key to symbols and abbreviations is on page 1021

MARYLAND—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Ellicott City, 1,216—Howard								
Beth Hillel Sanitarium and Howard School	MeDe	Indep	50	..	..	11	...	.....
Frederick, 14,434—Frederick								
Maryland State School for the Deaf	Inst	State	10	..	..	3	...	.....
Hyattsville, 4,264—Prince Georges								
Pinehurst Sanitarium	TB	Indiv	24	..	..	17	60	.....
Jessups, 161—Howard								
Hill Top School	MeDe	Part	24	..	..	20	...	.....
Maryland House of Correction Hospital	Inst	State	47	..	..	24	827	.....
Leonardtown, 697—St. Marys								
St. Marys County Hospital	Gen	Indep	35	6	30	5	182	.....
Loch Raven, 62—Baltimore								
Maryland Training School	Inst	State	8	..	..	1	62	.....
Owings Mills, 215—Baltimore								
Rosewood State Training School	MeDe	State	1,050	..	..	1,060	...	.....
Relay, 2,000—Baltimore								
Relay Sanitarium	N&M	Part	45	..	..	18	78	.....
Rockville, 1,422—Montgomery								
Waverley Sanatorium	Conv	Indiv	20	..	..	14	...	.....

Summary for Maryland:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	67	15,749	13,063	97,943
Related institutions	18	1,707	1,489	2,759
Totals	85	17,456	14,552	100,702
Refused registration	4	81		

MASSACHUSETTS

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Acushnet, 4,092—Bristol								
Acushnet Sanitarium and Hospital	Gen	Indiv	30	16	69	16	371	450
Adams, 12,697—Berkshire								
W. B. Plunkett Memorial Hospital	Gen	City	48	15	156	25	645	.....
Amesbury, 11,899—Essex								
Amesbury Hospital	Gen	City	30	6	63	18	872	.....
Arlington, 36,094—Middlesex								
Ring Sanatorium and Hospital◇	N&M	Indep	60	..	..	37	220	10
Symmes Arlington Hosp.◇	Gen	Indep	63	20	286	41	1,342	460
Attleboro, 21,769—Bristol								
Bristol County Tuberculosis Hospital	TB	Co	60	..	..	59	78	134
Sturdy Memorial Hospital◇	Gen	Indep	102	23	280	41	1,323	.....
Ayer, 3,060—Middlesex								
Community Memorial Hosp.	Gen	Indep	22	7	79	11	355	254
Bedford, 2,603—Middlesex								
Veterans Admin. Facility	Ment	Vet	813	..	..	713	244	.....
Belmont, 21,748—Middlesex								
McLean Hospital✚◇	N&M	Indep	232	..	..	208	175	.....
Beverly, 25,086—Essex								
Beverly Hospital★◇	Gen	Indep	121	20	322	97	2,720	758
Boston, 781,188—Suffolk								
Adams Nervine	Nerv	Indep	36	..	..	25	157	.....
Bay State Hospital	Gen	Indep	21	6	49	15	575	.....
Beth Israel Hospital★✚◇	Gen	Indep	200	..	..	137	4,595	5,457
Boston City Hospital★✚◇	Gen	City	1,641	201	3,525	1,471	40,407	182,770
Boston Floating Hosp.✚	Chil	Indep	50	..	..	40	1,368	.....
Boston Lying-in Hospital✚	Mat	Indep	217	217	3,045	141	3,606	5,982
Boston Psychopathic Hosp.✚	Ment	State	110	..	..	80	1,948	1,566
Boston Sanatorium	TB	City	616	..	..	574	331	.....
Boston State Hospital✚	Ment	State	2,000	..	..	2,140	777	.....
Carney Hospital★◇	Gen	Chrch	190	20	259	102	2,574	14,048
Channing Home	TB	Indep	25	..	..	23	51	.....
Children's Hospital✚◇	Chil	Indep	283	..	..	182	5,842	18,438
Collis P. Huntington Memorial Hospital✚	SkCa	Indep	25	..	..	17	1,616	1,617
Emerson Hospital	Gen	Indep	35	20	179	21	676	.....
Evangeline Booth Maternity Hospital and Home	Mat	Chrch	30	35	492	42	782	.....
Faulkner Hospital★◇	Gen	Indep	129	21	450	94	2,750	.....
Fenway Hospital	Gen	Part	40	4	10	25	1,081	.....
Glenside (Sanatorium) Hosp.	N&M	Indep	75	..	..	64	175	30
Greater Boston Bikur Cholim Hospital	Chr	Indep	42	..	..	25	78	.....
Harley Private Hospital◇	Gen	Indep	60	21	403	47	1,829	.....
Hart Private Hospital◇	Gen	Indiv	60	25	120	13	462	.....
House of the Good Samaritan	Card-Ca	Indep	81	..	..	55	206	274
Infants' Hospital✚	Chil	Indep	60	..	..	42	845	.....
Long Island Hospital★✚◇	Gen	City	535	5	50	432	1,124	36,500
MacLeod Hospital	Gen	Indep	25	5	10	14	411	.....
Massachusetts Eye and Ear Infirmary✚	ENT	Indep	219	12	..	142	7,596	23,696
Massachusetts General Hospital★✚◇	Gen	Indep	405	..	..	372	7,845	42,818
Massachusetts General Hospital (The Baker Memorial)	Gen	Indep	189	31	196	119	3,425	.....
Massachusetts Memorial Hospitals★✚◇	Gen	Indep	331	32	827	250	6,764	6,709
Massachusetts Women's Hospital◇	Gen	Indep	61	20	280	39	876	.....

MASSACHUSETTS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
New England Baptist Hospital◇	Gen	Indep	150	25	207	108	4,084	.....
New England Deaconess Hospital✚◇	Gen	Chrch	325	..	..	187	5,112	618
New England Hospital for Women and Children★◇	Gen	Indep	185	75	1,185	104	2,927	9,703
Peter Bent Brigham Hospital★✚◇	Gen	Indep	246	..	..	187	4,220	8,173
Riverbank Hospital	Gen	Indiv	32	6	8	5	205	.....
Robert Breck Brigham Hosp.	Gen	Indep	115	..	..	58	325	.....
Roxbury Hospital and Clinic	Gen	Chrch	30	9	66	12	766	2,697
St. Elizabeth's Hospital★◇	Gen	Chrch	250	50	863	159	5,196	12,622
St. Margaret's Hospital◇	Gen	Chrch	50	34	454	27	916	.....
St. Mary's Maternity Hospital	MatCh	Chrch	12	12	142	6	153	.....
South Dept. for Infectious Diseases of the Boston City Hospital	(Included in Boston City Hospital)							
Strong Hospital	Gen	Indiv	22	14	..	10	682	.....
Vincent Memorial Hospital	Gen	Indep	22	..	..	17	323	.....
Bridgewater, 9,055—Plymouth								
Bridgewater State Hospital	Ment	State	988	..	..	942	74	.....
Brockton, 63,797—Plymouth								
Brockton Hospital★◇	Gen	Indep	131	27	338	85	2,496	5,111
Ducy Hospital	Gen	Indiv	12	4	..	7	...	.....
Goddard Hospital◇	Gen	Indep	58	15	349	45	1,519	234
Moore Hospital	Gen	Indiv	25	8	56	14	439	.....
Brookline, 47,490—Norfolk								
Bournewood Hospital	MeDe	Indiv	18	..	..	11	...	.....
Brookline General Hospital	Gen	Indep	40	12	..	20	...	.....
Brooks Hospital	Gen	Indep	43	..	..	33	909	.....
Corey Hill Hospital	Gen	Indep	52	..	..	33	396	.....
Free Hospital for Women	Gyn	Indep	97	..	..	72	2,907	.....
Trumbull Hospital	Gen	Indep	46	6	..	25	1,044	.....
Cambridge, 113,643—Middlesex								
Cambridge City Hospital◇	Gen	City	170	30	649	115	4,187	38,519
Cambridge Hospital★◇	Gen	Indep	250	50	808	146	4,973	3,811
Cambridge Relief Hospital	Gen	Indep	40	4	..	30	...	.....
Cambridge Sanatorium	TB	City	85	..	..	78	115	.....
Charlesgate Hospital	Gen	Indep	85	12	..	40	...	.....
Chester Hospital	Gen	Indep	50	20	219	14	532	.....
Canton, 5,816—Norfolk								
Massachusetts Hosp. School	Orth	State	350	..	..	301	367	.....
Chelsea, 45,816—Suffolk								
Captain John Adams Hosp. at Soldiers' Home◇	Gen	Indep	241	..	..	210	1,038	.....
Chelsea Memorial Hosp.◇	Gen	Indep	85	25	546	73	1,910	963
U. S. Marine Hospital	Gen	USPH	167	..	..	143	1,586	11,013
U. S. Naval Hospital	Gen	Navy	641	..	..	356	3,610	.....
Chicopee, 43,930—Hampden								
Health Dept. Hospital	TB	City	30	..	..	25	39	.....
Clinton, 12,817—Worcester								
Clinton Hospital◇	Gen	Indep	85	20	206	23	873	.....
Cohasset, 3,083—Norfolk								
Cohasset Private Hospital	Gen	Indep	20	7	80	14	378	.....
Concord, 7,477—Middlesex								
Emerson Hospital	Gen	Indep	35	12	159	20	582	279
Valleyhead	Nerv	Indiv	20	..	..	9	126	.....
Danvers, 12,957—Essex								
Danvers State Hospital◇	Ment	State	2,169	..	..	2,139	872	496
Hunt Memorial Hospital	Gen	City	19	6	56	10	315	121
Everett, 48,424—Middlesex								
Whidden Memorial Hosp.◇	Gen	Indep	100	16	379	77	2,509	.....
Fall River, 115,274—Bristol								
Fall River General Hosp.◇	G&TB	City	281	..	..	216	2,172	.....
St. Anne's Hospital◇	Gen	Chrch	90	26	266	54	1,447	482
Truesdale Hospital✚◇	Gen	Indep	115	10	239	67	2,150	.....
Union Hospital★◇	Gen	Indep	150	25	479	121	2,700	10,843
Fitchburg, 40,692—Worcester								
Burbank Hospital◇	Gen	City	189	22	418	146	3,255	1,500
Forest Hills (Boston P. O.),—Suffolk								
Forest Hills Hospital	Gen	Indep	115	35	407	66	2,043	275
Foxboro, 5,347—Norfolk								
Foxboro State Hospital	Ment	State	1,140	..	..	1,157	292	217
Framingham, 22,210—Middlesex								
Framingham-Union Hosp.◇	Gen	Indep	130	30	385	51	2,172	.....
Gardner, 19,399—Worcester								
Gardner State Colony✚	Ment	State	1,340	..	..	1,344	252	441
Henry Heywood Memorial Hospital◇	Gen	Indep	81	19	236	47	1,329	222
Gloucester, 24,204—Essex								
Addison Gilbert Hospital◇	Gen	Indep	75	15	228	35	1,083	1,194
Great Barrington, 5,934—Berkshire								
Fairview Hospital	Gen	Indep	50	15	84	15	399	53
Greenfield, 15,500—Franklin								
Franklin County Public Hospital◇	Gen	Indep	88	18	198	50	1,194	.....
Groton, 2,434—Middlesex								
Groton Hospital	Gen	Indiv	10	2	12	5	140	.....
Haverhill, 48,710—Essex								
General Stephen Henry Gale Hospital	Gen	City	108	18	370	75	3,014	.....
Haydenville, 1,300—Hampshire								
Hampshire County Sanat.	TB	Co	100	..	..	101	101	.....
Holbrook, 3,353—Norfolk								
Elmhurst Sanitarium	Nerv	Indiv	16	..	..	6	20	.....
Holden, 3,871—Worcester								
Holden District Hospital	Gen	Indep	26	6	63	13	486	.....
Holyoke, 56,537—Hampden								
Holyoke Hospital◇	Gen	Indep	130	20	308	75	1,856	2,471
Holyoke Tuberculosis Sanatorium	TB	City	56	..	..	30	39	.....
Providence Hospital◇	Gen	Chrch	115	25	461	104	3,811	.....
Hyannis, 1,800—Barnstable								
Cape Cod Hospital	Gen	Indep	45	12	170	31	845	1,388

Key to symbols and abbreviations is on page 1021

MASSACHUSETTS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Ipswich, 5,599—Essex								
Benjamin Stickney Cable Memorial Hospital	Gen	Indep	25	7	90	12	339	.....
Lawrence, 85,068—Essex								
Clover Hill Hospital.....	Gen	Indep	25	8	181	15	368	.....
Lawrence General Hosp.★◇.	Gen	Indep	132	20	301	75	2,461	1,211
Lawrence Municipal Hosp.	Gen	City	75	5	..	60	...	.....
Leominster, 21,810—Worcester								
Leominster Hospital◇	Gen	Indep	61	12	140	32	1,272	1,387
Lowell, 100,234—Middlesex								
Lowell General Hospital★◇	Gen	Indep	150	30	305	72	2,709	1,601
Lowell Tuberculosis Hospital or Lowell Isolation Hospital	TbIs	City	84	..	..	68	259	.....
St. John's Hospital★◇.....	Gen	Chrch	143	25	368	90	2,947	6,539
St. Joseph's Hospital★◇....	Gen	Chrch	95	16	211	70	1,917	5,847
Shaw Hospital	Gen	Indiv	20	10	74	10	261	.....
Ludlow, 8,876—Hampden								
Ludlow Hospital	Gen	Indep	29	11	..	10	...	.....
Lynn, 102,320—Essex								
Lynn Hospital★◇	Gen	Indep	157	46	637	110	4,181	7,510
Union Hospital◇	Gen	Indep	65	25	287	25	962	.....
Malden, 58,036—Middlesex								
Malden Hospital◇	Gen	Indep	187	42	268	63	2,002	.....
Marblehead, 8,668—Essex								
Mary A. Alley Emergency Hospital	Gen	City	15	8	92	9	340	.....
Marlboro, 15,587—Middlesex								
Marlboro Hospital	Gen	Indep	60	22	231	29	956	428
Medfield, 4,066—Norfolk								
Medfield State Hospital◇..	Ment	State	1,800	..	..	1,767	327	.....
Medford, 59,714—Middlesex								
Lawrence Memorial Hosp.◇	Gen	Indep	75	34	684	56	2,076	.....
Melrose, 23,170—Middlesex								
Melrose Hospital◇	Gen	Indep	150	22	..	74	2,181	.....
New England Sanitarium and Hospital◇	Gen	Chrch	135	17	235	70	1,574	1,031
Methuen, 21,069—Essex								
Mary E. Barr Sanitarium..	Surg	Indiv	20	..	..	9	345	.....
Middleboro, 8,608—Plymouth								
Lakeville State Sanatorium	TB	State	304	..	..	232	290	103
St. Luke's Hospital.....	Gen	Indep	23	8	111	9	318	.....
Middleton, 1,712—Essex								
Essex Sanatorium◇	TB	Co	356	..	..	254	273	621
Milford, 14,741—Worcester								
Milford Hospital◇	Gen	Indep	45	10	273	35	1,253	721
Milton, 16,434—Norfolk								
Milton Hospital and Convalescent Home	Gen	Indep	25	12	99	16	493	529
Montague City, 761—Franklin								
Farren Memorial Hosp.◇..	Gen	Chrch	68	12	84	30	698	.....
Nantucket, 3,678—Nantucket								
Nantucket Cottage Hosp..	Gen	CyCo	19	5	73	9	335	.....
Natick, 13,589—Middlesex								
Leonard Morse Hospital◇..	Gen	City	43	14	221	28	1,014	.....
Needham, 10,848—Norfolk								
Glover Memorial Hospital.	Gen	City	11	5	59	7	233	308
New Bedford, 112,597—Bristol								
St. Luke's Hospital★◇.....	Gen	Indep	285	45	658	198	4,817	7,178
Sassaquin Sanatorium✚	TB	Indep	118	..	..	110	85	490
Union Hospital	Gen	Indiv	31	3	30	28	625	.....
Newburyport, 15,084—Essex								
Anna Jaques Hospital◇....	Gen	Indep	52	10	154	31	847	589
Newburyport Homeopathic Hospital	Gen	Indep	25	8	40	11	350	.....
Newton, 65,276—Middlesex								
Newton Hospital★◇	Gen	Indep	240	46	715	129	4,059	2,883
North Adams, 21,621—Berkshire								
North Adams Hospital◇...	Gen	Indep	81	19	244	39	1,042	.....
Northampton, 24,381—Hampshire								
Cooley Dickinson Hospital◇	Gen	Indep	132	24	355	67	2,515	.....
Northampton State Hosp..	Ment	State	1,853	..	..	1,746	529	.....
Veterans Admin. Facility...	Ment	Vet	555	..	..	546	61	.....
North Dighton, 1,220—Bristol								
Mt. Hope Hospital.....	Gen	Indus	14	7	76	5	126	76
North Grafton, 2,340—Worcester								
Grafton State Hospital✚..	Ment	State	1,493	..	..	1,415	143	1,020
North Wilmington, 472—Middlesex								
North Reading State Sanatorium	TB	State	297	..	..	271	271	525
Norwood, 15,049—Norfolk								
Norwood Hospital	Gen	Indep	80	20	375	54	1,663	.....
Oak Bluffs, 1,333—Dukes								
Martha's Vineyard Hosp..	Gen	Indep	26	10	70	11	383	.....
Palmer, 9,577—Hampden								
Monson State Hospital✚◇..	Epil	State	1,404	..	..	1,365	221	52
Wing Memorial Hospital...	Gen	Indep	28	8	58	13	715	.....
Peabody, 21,345—Essex								
Josiah B. Thomas Hosp.◇	Gen	City	60	10	184	30	1,392	.....
Pittsfield, 49,677—Berkshire								
Hillcrest Hospital◇	Gen	Indep	42	10	135	37	1,073	.....
House of Mercy Hospital★◇	Gen	Indep	190	32	397	83	2,438	1,589
St. Luke's Hospital★◇.....	Gen	Chrch	156	33	442	72	2,452	819
Plymouth, 13,042—Plymouth								
Jordan Hospital◇	Gen	Indep	50	10	138	27	725	246
Pocasset, 365—Barnstable								
Barnstable County Sanat..	TB	Co	48	..	..	40	170	600
Quincy, 71,983—Norfolk								
Quincy City Hospital★◇...	Gen	City	246	50	849	126	4,504	2,038
Whitehouse Mat. Hosp.....	Mat	Indiv	12	12	16	2	17	.....
Rutland, 2,442—Worcester								
Central New England Sanatorium	TB	Indep	100	..	..	52	61	.....
Rutland State Sanatorium◇	TB	State	370	..	..	350	393	779
Rutland Heights,—Worcester								
Veterans Admin. Facility...	TB	Vet	474	..	..	144	148	.....

MASSACHUSETTS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Salem, 43,353—Essex								
North Shore Babies' Hosp..	Chil	Indep	50	..	..	32	377	.....
Salem Hospital★◇	Gen	Indep	150	30	469	112	3,469	3,797
Sharon, 3,351—Norfolk								
Balfour Sanatorium	TB	Indiv	20	..	..	8	...	.....
Sharon Sanatorium	TB	Indep	51	..	..	45	....	.....
Somerville, 103,908—Middlesex								
Central Hospital	Gen	Indiv	55	24	384	33	1,832	2,920
Chandler Street Hospital..	Gen	Indiv	15	10	30	2	68	.....
Somerville Hospital◇	Gen	Indep	87	18	259	40	1,446	1,216
South Braintree, 3,540—Norfolk								
Norfolk County Hospital..	TB	Co	136	..	..	136	91	583
Southbridge, 14,264—Worcester								
Harrington Memorial Hosp.	Gen	Indep	39	8	57	19	637	339
South Dartmouth, 1,815—Bristol								
Sol-e-Mar Orthopedic Hospital for Children.....	Orth	Indep	100	..	..	66	41	.....
South Hanson, 831—Plymouth								
Plymouth County Hospital	TB	Co	150	..	..	125	115	.....
Springfield, 149,900—Hampden								
City Hospital	Gen	City	112	22	237	125	858	.....
Health Department Hosp..	TbIs	City	161	..	..	63	379	317
Mercy Hospital★◇	Gen	Chrch	330	50	865	188	5,621	2,039
Shriners Hospital for Crippled Children⊙	Orth	Frat	60	..	..	62	370	584
Springfield Hospital★◇	Gen	Indep	244	4	..	139	4,524	4,353
Wesson Maternity Hosp...	Mat	Indep	52	60	1,052	37	1,142	544
Wesson Memorial Hosp.◇.	Gen	Indep	120	..	..	64	2,249	507
Stockbridge, 1,762—Berkshire								
Austen Riggs Foundation..	Nerv	Indep	50	..	..	34	431	328
Taunton, 37,355—Bristol								
Morton Hospital◇	Gen	Indep	63	12	213	33	1,063	358
Taunton State Hospital✚◇.	Ment	State	1,545	..	..	1,559	483	155
Tewksbury, 5,585—Middlesex								
State Infirmary★◇	Gen	State	3,350	24	169	3,026	3,511	.....
Vineyard Haven, 1,500—Dukes								
U. S. Marine Hospital.....	Gen	USPH	24	..	..	22	149	178
Waltham, 39,247—Middlesex								
Dr. Cousens' Hospital.....	Gen	Indiv	13	5	..	4	...	.....
Metropolitan State Hosp..	Ment	State	1,248	..	..	1,216	45	.....
Middlesex County Sanat...	TB	Co	252	..	..	240	241	809
Waltham Hospital★	Gen	Indep	155	61	508	92	2,800	1,346
Ware, 7,385—Hampshire								
Mary Lane Hospital.....	Gen	Indep	36	12	192	25	652	.....
Webster, 12,992—Worcester								
Webster District Hospital..	Gen	Indep	20	7	71	17	631	.....
Wellesley, 11,439—Norfolk								
Channing Sanitarium	N&M	Indep	35	..	..	28	23	.....
Wiswall Sanatorium	N&M	Indep	35	..	..	24	29	.....
Westboro, 6,409—Worcester								
Westboro State Hospital◇..	Ment	State	1,550	..	..	1,477	520	217
Westfield, 19,775—Hampden								
Noble Hospital◇	Gen	Indep	108	13	170	31	1,133	.....
Westfield State Sanat.✚....	TB	State	306	..	..	260	197	2,016
Westwood, 2,097—Norfolk								
Westwood Lodge	N&M	Indep	21	..	..	16	29	.....
Weymouth, 20,882—Norfolk								
Weymouth Hospital	Gen	Indep	45	18	378	35	1,648	.....
Whitinsville, 6,090—Worcester								
Whitinsville Hospital	Gen	Indus	15	7	90	9	522	.....
Winchendon, 6,202—Worcester								
Millers River Hospital◇....	Gen	Indep	25	6	37	16	477	.....
Winchester, 12,719—Middlesex								
Winchester Hospital	Gen	Indep	57	25	185	34	966	121
Winthrop, 16,852—Suffolk								
Station Hospital	Gen	Army	128	6	34	23	706	.....
Winthrop Community Hosp.	Gen	Indep	38	20	255	24	929	.....
Woburn, 19,434—Middlesex								
Charles Choate Memorial Hospital◇	Gen	Indep	60	19	282	27	895	497
Worcester, 195,311—Worcester								
Belmont Hospital✚	TbIs	City	275	..	..	205	1,292	568
Fairlawn Hospital	Gen	Indep	45	16	174	24	822	.....
Harvard Private Hospital.	Gen	Indep	20	7	29	15	300	624
Louis Pasteur Hospital....	Gen	Indep	36	6	20	5	145	.....
Memorial Hospital★◇	Gen	Indep	185	30	517	112	4,256	10,535
St. Vincent Hospital◇.....	Gen	Chrch	225	25	383	158	4,009	....
Worcester City Hospital★◇	Gen	City	360	40	991	333	8,165	18,888
Worcester County Sanat....	TB	Co	130	..	..	79	...	169
Worcester Hahnemann Hospital★◇	Gen	Indep	111	29	438	57	1,653	.....
Worcester State Hospital◇.	Ment	State	2,240	8	6	2,183	641	315
Wrentham, 3,584—Norfolk								
Pondville Hospital✚	Ca	State	115	..	..	114	1,013	.....
Related Institutions								
Acushnet, 4,092—Bristol								
Ashley Sanitarium	Inst	Indiv	20	..	..	15	60	.....
Allerton, 800—Plymouth								
Sturgis Hospital	Gen	Indiv	14	2	..	4	...	.....
Sylvester Hospital	Gen	Indiv	15	3	..	8	...	.....
Amherst, 5,888—Hampshire								
Pratt Health Cottage.....	Inst	Indep	15	..	..	3	349	.....
Baldwinsville, 2,360—Worcester								
Hospital Cottages for Children	Chil	Indep	135	..	..	98	40	.....
Belchertown, 3,139—Hampshire								
Belchertown State School..	MeDe	State	1,289	..	..	1,232	79	.....
Boston, 781,188—Suffolk								
Boston Home for Incurables	Inc	Indep	58	..	..	58	18	.....
Deer Island Hospital.....	Inst	CyCo	25	..	..	20	635	.....
Detention Hospital	Iso	City	32	2	..	3	12	.....
Dorchester Cottage Hosp..	Gen	Indep	12	8	59	5	102	.....
Florence Crittenton Home and Hospital	Mat	Indep	21	47	94	7	112	.....

Key to symbols and abbreviations is on page 1021

MASSACHUSETTS—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Massachusetts State Prison Hospital	Inst	State	40	..	..	8	215	.....
New England Home for Little Wanderers	Inst	Indep	19	6	..	18	413	.....
Prendergast Preventorium.	TB	Indep	40	..	..	40	166	.....
St. Luke's Home for Convalescents	Conv	Chrch	25	..	..	16	300	.....
Talitha Cumi Maternity Home and Hospital	Mat	Indep	16	16	75	10	83	.....
Dr. Taylor's Private Hosp.	Drug	Indiv	18	..	..	5	338	.....
Washingtonian Home	Alcoh	Indep	35	..	..	7	648	.....
Brookline, 47,490—Norfolk								
Board of Health Hospital	TbIs	City	45	..	..	22	133	.....
Cambridge, 113,643—Middlesex								
Holy Ghost Hospital for Incurables	Inc	Chrch	215	..	..	211	175	.....
Homberg Mem. Infirmary	Inst	Indep	24	..	..	8	...	.....
Camp Devens,—Middlesex								
Station Hospital	Gen	Army	32	..	..	12	...	.....
Dracut (Lowell P. O.), 6,912—Middlesex								
Blanchard Private Hospital	Mat	Indiv	8	6	30	1	35	.....
East Braintree, 5,300—Norfolk								
Braintree Cottage Hosp.	Mat	Indiv	6	6	73	1	73	.....
Egypt, 340—Plymouth								
Children's Sunlight Hosp.	Orth	Indep	70	..	..	62	172	.....
Framingham, 22,210—Middlesex								
Reformatory for Women	Inst	State	35	..	3	24	914	.....
Woodside Cottages	Conv	Indep	15	..	..	9	28	.....
Greenfield, 15,500—Franklin								
Greenfield Isolation Hosp.	TbIs	City	20	..	..	3	61	.....
Haverhill, 48,710—Essex								
Benson Hospital	Gen	Indiv	27	2	1	7	...	125
Contagious Hospital	Iso	City	40	..	..	7	175	.....
Haverhill City Infirmary	Chr	City	64	..	..	55	...	.....
Lowell, 100,234—Middlesex								
Chelmsford Street Hospital	Inst	City	145	6	5	145	514	.....
Malden, 58,036—Middlesex								
Malden Contagious Hosp.	Iso	City	40	..	..	21	215	.....
Marblehead, 8,608—Essex								
Children's Island Sanit.	Conv	Indep	94	..	..	94	100	.....
Medford, 59,714—Middlesex								
Dearborn Hospital	Chr	Indiv	25	..	..	9	25	.....
Methuen, 21,069—Essex								
Henry C. Nevins Home for Aged and Incurables	Inst	Indep	32	..	..	25	10	.....
Newton, 65,276—Middlesex								
New England Peabody Home for Crippled Children	TbOr	Indep	100	..	..	80	14	.....
Woodlawn Sanitarium	Epil	Indiv	10	..	..	6	...	.....
Norfolk, 1,429—Norfolk								
Hospital of Norfolk State Prison Colony	Inst	State	75	..	..	48	...	.....
North Adams, 21,621—Berkshire								
Dr. Vrooman's Sanitarium.	Conv	Indiv	17	..	..	..	...	.....
Pittsfield, 49,677—Berkshire								
Frederic S. Coolidge Memorial Home	TB	Indep	8	..	..	5	7	.....
Pittsfield Anti-Tuber. Hosp.	TB	Indep	14	..	..	10	17	.....
Rutland, 2,442—Worcester								
Summit House	TB	Indiv	25	..	..	15	65	.....
Wachusett Cottage	TB	Indiv	17	..	..	8	...	.....
Salem, 43,353—Essex								
Health Dept. Hospital for Contagious Diseases	Iso	City	60	..	..	19	254	.....
Shirley, 2,427—Middlesex								
Industrial School for Boys	Inst	State	28	..	..	7	449	.....
Somerville, 103,908—Middlesex								
City of Somerville, Contagious Diseases Hospital.	Iso	City	40	..	..	11	245	12
Springfield, 149,900—Hampden								
Buscall Nursing Home	Conv	Indiv	25	..	..	9	30	.....
Hampden County Children's Preventorium	TB	Indep	176	..	..	176	...	.....
Renear-Wilson Private Hosp.	Gen	Part	9	5	22	2	96	.....
Waltham, 39,247—Middlesex								
Teresian Lying-In Hospital	Mat	Indiv	10	10	76	3	97	.....
Walter E. Fernald State School	MeDe	State	1,750	..	..	1,671	...	.....
Waltham Baby Hospital	Chil	Indep	22	..	..	6	46	1,296
Wellesley, 11,439—Norfolk								
Convalescent Home of the Children's Hospital	Conv	Indep	83	..	..	70	480	.....
Simpson Infirmary of Wellesley College	Inst	Indep	20	..	..	8	478	.....
Westboro, 6,409—Worcester								
Lyman School Hospital	Inst	State	30	..	..	9	...	.....
West Concord, 1,851—Middlesex								
Massachusetts Reformatory Hospital	Inst	State	49	..	..	5	448	.....
Williamstown, 3,900—Berkshire								
Williams College Infirmary	Inst	Indep	21	..	..	4	175	.....
Worcester, 195,311—Worcester								
Herbert Hall Hospital	N&M	Indep	30	..	..	14	18	.....
Maple Hall Sanitarium	Conv	Part	20	..	..	12	48	.....
Wrentham, 3,584—Norfolk								
Wrentham State School	MeDe	State	1,578	..	..	1,605	...	.....

Summary for Massachusetts:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	216	49,123	41,005	337,555
Related institutions	64	7,067	6,102	11,407
Totals	280	56,190	47,107	348,962
Refused registration	13	333		

MICHIGAN

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Adrian, 13,064—Lenawee								
Emma L. Bixby Hospital	Gen	City	33	10	148	18	773	.....
Lenawee County Tuberculosis Sanatorium	TB	Co	25	..	..	18	56	.....
Albion, 8,324—Calhoun								
James W. Sheldon Hosp.	Gen	City	40	10	31	12	537	.....
Allegan, 3,941—Allegan								
Emergency Hospital	Gen	Indiv	10	4	7	2	74	.....
Alma, 6,734—Gratiot								
Carney-Wilcox Hospital	Gen	Indiv	17	4	13	8	295	.....
Alpena, 12,166—Alpena								
Donald McRae Hospital	Gen	Indep	22	5	13	8	270	.....
Ann Arbor, 26,944—Washtenaw								
Cowie Hospital	Gen	Indiv	12	..	..	2	116	221
Mercywood Sanitarium	N&M	Chrch	40	..	..	20	122	.....
St. Joseph's Mercy Hosp.*◇	Gen	Chrch	115	15	234	70	2,001	1,735
State Psychopathic Hospital at the University of Michigan✚	Ment	State	64	..	..	57	261	1,943
University Hospital*✚◇	Gen	State	1,250	35	402	1,158	24,017	26,632
Bad Axe, 2,332—Huron								
Hubbard Memorial Hosp.	Gen	Co	31	5	50	16	383	.....
Battle Creek, 43,573—Calhoun								
American Legion Hosp.✚	TB	State	375	..	..	211	156	.....
Battle Creek Sanitarium✚	Gen	Indep	1,000	13	103	170	5,105	.....
Calhoun County Public Hospital	TB	Co	75	..	..	62	90	1,406
Leila Y. Post Montgomery Hospital*◇	Gen	Chrch	158	17	234	67	2,007	576
Nichols Memorial Hosp.◇	Gen	Indep	87	13	257	44	2,794	.....
Bay City, 47,355—Bay								
Bay City General Hospital.	Gen	City	24	6	32	11	512	.....
Bay City Samaritan Hosp.	Gen	Indep	43	3	27	24	1,406	449
Mercy Hospital*◇	Gen	Chrch	144	16	148	51	1,698	1,163
Benton Harbor, 15,434—Berrien								
Benton Harbor Hospital◇	Gen	Indep	40	10	113	23	970	.....
Big Rapids, 4,671—Mecosta								
Community Hospital	Gen	City	13	4	15	8	428	.....
Brighton, 1,287—Livingston								
Mellus Hospital	Gen	Indiv	15	4	40	8	320	.....
Byron Center, 320—Kent								
Christian Psychopathic Hospital	N&M	Indep	220	..	..	197	97	.....
Cadillac, 9,570—Wexford								
Mercy Hospital◇	Gen	Chrch	36	10	72	25	983	153
Wexford County Hospital.	G&TB	Co	20	..	..	20	...	.....
Calumet, 1,557—Houghton								
Calumet and Hecla Hosp.	Indus	Indus	25	..	..	15	509	.....
Camp Custer,—Kalamazoo								
Veterans Admin. Facility	Ment	Vet	835	..	..	784	225	.....
Caro, 2,554—Tuscola								
Caro Community Hospital.	Gen	City	20	1	13	6	194	.....
Cassopolis, 1,448—Cass								
McCutcheon Hospital	Gen	Part	10	4	17	3	132	.....
Charlevoix, 2,247—Charlevoix								
Charlevoix Hospital	Gen	City	20	7	..	6	...	.....
Charlotte, 5,307—Eaton								
Hayes-Green Mem. Hosp.	Gen	Co	14	6	..	New	...	.....
Coldwater, 6,735—Branch								
Wade Memorial Hospital	Gen	Indiv	25	5	22	8	337	.....
Crystal Falls, 2,995—Iron								
Crystal Falls General Hosp.	Gen	Indiv	14	2	11	4	147	.....
Dearborn, 50,358—Wayne								
St. Joseph's Retreat◎	N&M	Chrch	375	..	..	319	487	.....
Detroit, 1,568,662—Wayne								
Bethesda Hospital (col.)	TB	Indep	91	..	..	73	155	968
Cass Central Hospital	Gen	Indiv	12	4	17	3	133	.....
Charles Godwin Jennings Hospital	Gen	Indep	66	6	23	19	742	.....
Children's Hospital✚◎	Chil	Indep	239	..	..	215	6,310	9,215
City of Detroit Receiving Hospital*✚	Gen	City	700	14	..	700	23,806	30,003
City of Detroit Receiving Hosp. (Redford Branch)	Gen	City	52	..	2	41	1,925	6,147
Cottage Hospital	Gen	Indep	45	13	260	23	1,240	.....
Delray General Hospital	Gen	Indep	80	15	180	33	1,396	.....
Detroit Tuberculosis Sanat.	TB	Indep	150	..	...	143	92	.....
East Side General Hospital.	Gen	Indep	65	25	380	25	1,148	400
Evangelical Deaconess Hospital◇	Gen	Chrch	115	20	265	42	1,849	2,613
Fairview Sanat. (col)	TB	Indep	66	..	...	64	74	200
Florence Crittenton Hosp.	Gen	Indep	210	100	1,415	67	1,996	711
General Hosp. and Clinic	Gen	Indiv	45	..	..	35	.....	.....
Good Samaritan Hosp. (col.)	TB	Indep	32	..	..	29	78	.....
Grace Hospital*✚◇	Gen	Indep	350	46	831	241	8,255	23,294
Grosse Pointe Hospital	Gen	Indiv	35	14	93	8	568	92
Harper Hospital*✚◇	Gen	Indep	625	100	1,159	321	11,350	11,748
Henry Ford Hospital*✚◇	Gen	Indep	560	50	920	343	8,315	12,872
Herman Kiefer Hospital✚◎	G&TB	City	1,335	65	1,738	1,101	7,606	20,762
Jefferson Clinic and Diagnostic Hospital✚	Gen	Indep	60	2	7	25	773	1,750
Lincoln Hospital	Gen	Indep	89	6	48	65	506	4,012
Michigan Mutual Hospital	Indus	Indus	35	..	..	18	615	6,298
Miriam Memorial Hospital.	(Included in Grace Hospital)							
Murray Hospital	Gen	Indep	35	6	58	9	200	.....
Parkside Hospital (col.)	Gen	Indep	67	7	148	40	368	112
Pingree General Hospital	Gen	Indep	25	11	244	14	514	.....
Providence Hospital*✚◇	Gen	Chrch	348	102	1,676	226	6,422	.....
St. Joseph's Mercy Hosp.*◇	Gen	Chrch	168	32	463	74	2,215	2,522
St. Mary's Hospital*◇	Gen	Chrch	330	45	558	96	3,637	6,960
Shurly Eye, Ear, Nose and Throat Hospital	ENT	Indiv	150	..	..	38	1,136	7,461
Station Hospital	Gen	Army	37	..	..	12	314	.....
U. S. Marine Hospital	Gen	USPH	240	..	..	116	1,080	2,011
Warren Avenue Diagnostic Hospital	Gen	Indiv	16	4	..	11	.....	.....

Key to symbols and abbreviations is on page 1021

MICHIGAN—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
West Side Sanitarium	Gen	Indiv	30	3	..	15	250	500
Woman's Hospital✚◎	Mat	Indep	220	100	1,712	110	4,590	2,103
Dowagiac, 5,550—Cass								
Lee Memorial Hospital	Gen	Chrch	30	3	18	9	300	.....
Durand, 3,081—Shiawassee								
Durand Hospital	Gen	Indep	13	4	25	5	217	.....
Eaton Rapids, 2,822—Eaton								
Harriet Chapman Hospital.	Gen	Indiv	18	2	10	4	190	.....
Eloise, 710—Wayne								
Eloise Hospital for Mental Diseases	N&M	Co	2,750	..	..	2,644	838	.....
Dr. William J. Seymour Hospital★	Gen	Co	1,368	..	..	1,275	6,683	17,019
Escanaba, 14,524—Delta								
Laing Hospital	Gen	Indiv	25	..	5	4	144	.....
St. Francis Hospital	Gen	Chrch	75	20	218	35	1,510	.....
Flint, 156,492—Genesee								
Hurley Hospital★✚◇	Gen	City	350	50	1,005	304	7,373	7,342
St. Joseph's Hospital	Gen	Chrch	40	18	329	26	1,068	.....
Women's Hospital	Gen	Indep	40	25	296	17	563	.....
Fremont, 2,157—Newaygo								
Gerber Memorial Hospital.	Gen	City	18	5	34	8	395	.....
Goodrich, 324—Genesee								
Goodrich General Hospital.	Gen	Indep	25	2	27	12	391	900
Grand Haven, 8,345—Ottawa								
Elizabeth Hatton Hospital.	Gen	Indep	20	6	55	9	322	64
Grand Rapids, 168,592—Kent								
Blodgett Mem. Hosp.★✚◇	Gen	Indep	132	18	361	62	2,481	2,265
Butterworth Hospital★◇	Gen	Indep	224	48	664	83	3,668	4,110
City General Hospital	Gen	City	52	8	..	42	1,005	.....
Ferguson-Droste-Ferguson Sanitarium	Proct	Indep	33	..	..	8	583	.....
St. Mary's Hospital★✚◇	Gen	Chrch	218	35	547	86	3,601	1,036
Sunshine Sanatorium	TB	City	126	..	..	144	136	4,052
Grayling, 1,973—Crawford								
Grayling Mercy Hospital	Gen	Chrch	30	5	30	8	542	.....
Greenville, 4,730—Montcalm								
United Memorial Hospital.	Gen	Indep	19	6	29	8	315	.....
Hamtramck, 56,268—Wayne								
St. Francis Hospital	Gen	Chrch	40	6	41	26	917	.....
Hancock, 5,795—Houghton								
St. Joseph's Hospital◇	Gen	Chrch	62	8	65	48	1,000	.....
Harbor Beach, 1,892—Huron								
Harbor Beach Hospital	Gen	Indus	18	4	19	4	245	.....
Hart, 1,690—Oceana								
Oceana Hospital	Gen	Indep	18	4	38	8	370	.....
Hastings, 5,227—Barry								
Pennock Hospital	Gen	CyCo	27	8	112	10	649	132
Highland Park, 52,959—Wayne								
Highland Park General Hospital★◇	Gen	City	146	35	563	76	2,501	4,684
Hillsdale, 5,896—Hillsdale								
Hillsdale Hospital	Gen	City	25	10	63	6	303	.....
Holland, 14,346—Ottawa								
Holland City Hospital	Gen	City	45	15	107	16	609	.....
Houghton, 3,757—Houghton								
Copper Country Sanat	TB	Co	53	..	..	52	27	359
Howell, 3,615—Livingston								
McPherson Memorial Hosp.	Gen	City	23	6	40	11	198	.....
Michigan State Sanat.✚	TB	State	490	..	..	479	344	411
Hudson, 2,361—Lenawee								
Thorn Memorial Hospital.	Gen	City	20	4	34	7	166	.....
Ionia, 6,562—Ionia								
Ionia State Hospital	Ment	State	840	..	..	747	155	25
Iron Mountain, 11,652—Dickinson								
Iron Mountain Gen. Hosp.	Gen	City	28	9	93	12	492	.....
Ironwood, 14,299—Gogebic								
Grand View Hospital	G&TB	Co	112	8	79	33	1,039	500
Newport Hospital	Gen	Indus	12	3	..	10	...	.....
Twin City Hospital	Gen	Indiv	21	3	18	14	418	.....
Ishpeming, 9,238—Marquette								
Ishpeming Hospital	Gen	Indus	37	6	83	22	630	6,012
Jackson, 55,187—Jackson								
W. A. Foote Mem. Hosp.★◇	Gen	City	142	22	323	69	2,356	1,202
Jackson County Sanat.✚	TB	Co	64	..	..	62	59	521
Mercy Hospital◇	Gen	Chrch	100	30	248	50	2,507	.....
Kalamazoo, 54,786—Kalamazoo								
Borgess Hospital◇	Gen	Chrch	214	27	472	92	2,860	.....
Bronson Methodist Hosp.◇	Gen	Chrch	113	30	347	53	2,535	.....
Fairmount Hospital	TbIs	Co	162	..	..	105	323	326
Kalamazoo State Hosp.✚◇	Ment	State	2,750	..	..	2,750	436	557
Lake Linden, 1,714—Houghton								
Lake Superior Gen. Hosp.	Gen	Indus	12	3	32	9	306	.....
Lakeview, 850—Montcalm								
Kelsey Hospital	Gen	Indiv	11	2	5	3	167	.....
Lansing, 78,394—Ingham								
Edward W. Sparrow Hospital★◇	Gen	Indep	115	20	354	67	2,643	.....
Ingham Sanatorium	TB	Co	110	..	..	84	137	685
St. Lawrence Hospital★◇	Gen	Chrch	100	28	367	71	2,750	.....
Lapeer, 5,008—Lapeer								
Lapeer City Hospital	Gen	Part	18	4	..	2	173	.....
Laurium, 4,916—Houghton								
Calumet Memorial Hosp.	Gen	Indep	21	6	85	12	400	.....
Ludington, 4,916—Mason								
Paulina Stearns Hospital	Gen	CyCo	22	3	55	11	375	.....
Manistee, 8,078—Manistee								
Mercy Hosp and Sanit	Gen	Chrch	54	6	46	15	703	350
Manistique, 5,198—Schoolcraft								
Shaw Private Hospital	Gen	Indiv	20	3	18	10	268	.....
Marenisco, 510—Gogebic								
Charcoal Iron Co. Hosp.	Indus	Indiv	16	..	..	5	180	.....
Marquette, 14,789—Marquette								
Morgan Heights Sanat.✚	TB	Co	90	..	..	80	87	657
St. Luke's Hospital◇	Gen	Indep	68	16	86	33	1,144	2,557
St. Mary's Hospital	Gen	Chrch	75	12	166	31	656	.....

MICHIGAN—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Marshall, 5,019—Calhoun								
Oak Lawn Hospital	Gen	Indep	13	4	55	6	318	.....
Menominee, 10,320—Menominee								
St. Josephs Hospital	Gen	Chrch	50	12	165	35	1,288	.....
Monroe, 18,110—Monroe								
Mercy Hospital	Gen	Chrch	58	12	71	18	561	.....
Monroe Hospital	Gen	Indep	38	8	84	34	1,027	1,884
Mt. Clemens, 13,497—Macomb								
St. Joseph's Hospital and Sanitarium◇	Gen	Chrch	150	12	119	59	1,914	249
Station Hospital	Gen	Army	35	..	..	20	360	.....
Mt. Pleasant, 5,211—Isabella								
Brondstetter Mem. Hosp.	Gen	Part	14	4	60	12	462	.....
Munising, 3,956—Alger								
Munising Hospital	Gen	Indep	18	3	31	9	361	.....
Muskegon, 41,390—Muskegon								
Hackley Hospital★◇	Gen	Indep	108	17	427	52	2,022	3,500
Mercy Hospital★◇	Gen	Chrch	100	24	367	71	2,366	601
Muskegon County Sanat.	TB	Co	70	..	..	66	131	578
Negaunee, 6,552—Marquette								
Twin City Hospital	Gen	Part	15	3	..	12	253	.....
Newberry, 2,465—Luce								
Newberry State Hospital	Ment	State	1,200	..	..	1,171	192	173
Perry-Spinks Hospital	Gen	Part	15	6	43	8	308	.....
Niles, 11,326—Berrien								
Pawating Hospital	Gen	Indep	35	9	75	17	539	.....
Northville, 2,566—Wayne								
East Lawn Sanatorium	TB	Indiv	94	..	..	89	66	.....
Wm. H. Maybury Sanat.✚	TB	City	837	..	..	818	496	.....
Norway, 4,016—Dickinson								
Penn Iron Mining Company Hospital	Gen	Indus	13	5	47	8	282	.....
Ontonagon, 1,937—Ontonagon								
Ontonagon Hospital	Gen	Indiv	13	4	19	8	172	.....
Oshtemo, 125—Kalamazoo								
Pine Crest Sanatorium	TB	Indep	110	..	..	99	95	319
Owosso, 14,496—Shiawassee								
Memorial Hospital	Gen	Indep	90	10	204	45	1,284	1,055
Petoskey, 5,740—Emmet								
Lockwood Hospital	Gen	City	32	6	79	20	600	.....
Petoskey Hospital	Gen	Indep	40	6	96	25	891	249
Pinckney, 433—Livingston								
Pinckney Sanitarium	Gen	Indiv	12	4	20	4	125	.....
Plainwell, 2,279—Allegan								
Wm. Crispe Hospital	Gen	City	17	6	58	6	302	.....
Pompeii, 319—Gratiot								
Pompeii Hospital	Surg	Indiv	16	..	..	5	150	.....
Pontiac, 64,928—Oakland								
Oakland County Contagious Hospital	Iso	Co	85	..	..	51	...	.....
Oakland County Tuberculosis Sanatorium	TB	Co	175	..	..	160	179	3,000
Pontiac General Hospital	Gen	City	100	20	192	43	2,130	.....
Pontiac State Hospital✚	Ment	State	1,765	..	..	1,754	204	302
St. Joseph's Mercy Hosp.◇	Gen	Chrch	175	25	227	71	2,179	3,034
Pt. Huron, 31,361—St. Clair								
Pt. Huron Hospital◇	Gen	Indep	52	10	112	38	1,351	.....
Powers, 360—Menominee								
Pinecrest Sanatorium	TB	Co	100	..	..	94	106	675
Reed City, 1,792—Osceola								
Reed City Hospital	Gen	City	10	4	12	4	144	.....
Royal Oak, 22,904—Oakland								
Royal Oak Private Hospital	Gen	Indiv	19	4	34	13	393	.....
Saginaw, 80,175—Saginaw								
Saginaw City Hospital	Gen	City	35	5	..	21	...	.....
Saginaw County Contagious Hospital	Iso	Co	56	25	..	37	329	.....
Saginaw County Tuberculosis Hospital	TB	Co	26	..	..	26	60	.....
Saginaw General Hosp.★◇	Gen	Indep	133	23	290	56	1,855	74
St. Luke's Hospital	Gen	Chrch	57	11	185	24	1,037	.....
St. Mary's Hospital★◇	Gen	Chrch	156	20	257	65	1,754	231
St. Clair, 3,389—St. Clair								
St. Clair Community Hosp.	Gen	City	12	5	27	5	190	.....
St. Johns, 3,929—Clinton								
Clinton Memorial Hospital	Gen	Indep	50	10	50	11	459	137
St. Joseph, 8,349—Berrien								
St. Joseph Sanitarium	Gen	Indep	28	4	..	13	...	.....
Sandusky, 1,305—Sanilac								
Tweedie Hospital	Gen	Part	10	2	5	7	327	.....
Sault Ste. Marie, 13,755—Chippewa								
Chippewa County War Memorial Hospital	Gen	Co	68	13	161	40	1,209	.....
Station Hospital	Gen	Army	10	..	..	8	216	2,432
South Haven, 4,804—Van Buren								
City Hospital	Gen	City	30	6	55	5	333	.....
Penoyar Memorial Hospital	Gen	Part	12	6	18	5	210	.....
Stambaugh, 2,400—Iron								
General Hospital Company of Iron River District	Gen	Indus	27	6	48	12	236	.....
Sturgis, 6,950—St. Joseph								
Sturgis Memorial Hospital.	Gen	City	38	6	114	10	478	230
Three Rivers, 6,863—St. Joseph								
Three Rivers Hospital	Gen	City	30	5	59	9	445	395
Traverse City, 12,539—Grand Traverse								
James Decker Munson Hosp.	Gen	State	56	11	108	19	873	.....
Traverse City State Hospital✚◇	Ment	State	2,300	..	..	2,300	393	518
Trimountain, 3,541—Houghton								
Copper Range Hospital	Gen	Indus	20	1	7	5	150	.....
Wakefield, 3,677—Gogebic								
Wakefield Hospital	Gen	Indus	13	5	..	3	...	16
Wyandotte, 28,368—Wayne								
Wyandotte General Hosp.	Gen	City	150	30	223	38	2,000	877
Ypsilanti, 10,143—Washtenaw								
Beyer Memorial Hospital	Gen	City	35	6	71	14	565	.....

Key to symbols and abbreviations is on page 1021

MICHIGAN—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Leland Sanatorium	TB	Indep	135	..	..	125	102	.....
Ypsilanti State Hospital✚	Ment	State	1,485	..	..	1,288	755	108
Zeeland, 2,850—Ottawa								
Thomas G. Huizinga Memorial Hospital	Gen	Indep	14	3	22	5	214	.....
Related Institutions								
Addison, 452—Lenawee								
Addison Community Hosp.	Gen	Indiv	5	2	..	2	...	.....
Alma, 6,734—Gratiot								
Michigan Masonic Home and Hospital	Inst	Frat	50	..	..	24	118	.....
Cheboygan, 4,923—Cheboygan								
Cheboygan General Hosp.	Gen	Indiv	15	2	19	5	197	.....
Coldwater, 6,735—Branch								
Branch County Infirmary and Hospital	Inst	Co	60	..	..	50	...	.....
Michigan State Public School	Inst	State	45	..	..	48	582	.....
Crystal Falls, 2,995—Iron								
Iron County Infirmary	Inst	Co	18	..	..	6	...	.....
Detroit, 1,568,662—Wayne								
Memorial Hospital	SkCa	Indiv	6	..	..	1	100	1,000
Pennsylvania Ave. Sanit.	Conv	Indiv	10	..	..	4	...	.....
St. Luke's Convalescent Home	Conv	Chrch	30	..	..	15	284	.....
Sheppard Sanitarium	Conv	Indiv	14	2	..	7	60	.....
William Booth Mem. Hosp.	Mat	Chrch	40	32	273	8	326	.....
Douglas, 368—Allegan								
Douglas Hospital	Gen	Indiv	7	2	12	2	68	.....
East Lansing, 4,389—Ingham								
Hospital of Michigan State College	Inst	State	35	..	..	2	...	.....
Edmore, 897—Montcalm								
Edmore Hospital	Gen	Indiv	9	2	14	3	188	.....
Farmington, 1,243—Oakland								
Children's Hospital Convalescent Home	Conv	Indep	240	..	..	206	555	.....
Flint, 156,492—Genesee								
Genesee County Infirmary	Inst	Co	35	4	..	16	...	.....
Michigan School for the Deaf	Inst	State	36	..	..	5	220	.....
Grand Rapids, 168,592—Kent								
Holland Union Benevolent Home	Inst	Indep	9	..	..	6	...	.....
Kent County Receiving Hosp.	N&M	Co	32	..	..	18	693	.....
Michigan Soldiers' Home Hospital	Inst	State	200	..	..	120	859	.....
Municipal Isolation Hosp.	Iso	City	26	..	..	7	110	.....
Salvation Army Evangeline Booth Home and Hosp.	Mat	Chrch	30	16	91	10	144	.....
Harrisville, 438—Alcona								
Dr. A. R. Miller's Private Hospital	Gen	Indiv	4	1	2	3	100	.....
Ionia, 6,562—Ionia								
Michigan State Reformatory	Inst	State	25	..	..	24	1,017	.....
Iron Mountain, 11,652—Dickinson								
Ford Motor Company Industrial Hospital	Indus	Indus	5	..	..	1	20	.....
Jackson, 55,187—Jackson								
Florence Crittenton Home and Hospital	Mat	Indep	6	10	14	1	20	.....
Jackson County Contagious Hospital	Iso	CyCo	20	..	..	12	...	.....
Michigan State Prison Hosp.	Inst	State	232	..	..	117	2,814	.....
Lansing, 78,397—Ingham								
Boys' Vocational School Hospital	Inst	State	50	..	..	13	882	.....
Lansing City Hospital	Iso	City	60	..	..	8	152	.....
Lapeer, 5,008—Lapeer								
Michigan Home and Training School✚	MeDe	State	3,720	..	..	3,515	455	.....
Marquette, 14,789—Marquette								
Hospital of the State House of Correction and Branch Prison	Inst	State	24	..	..	10	310	.....
Mt. Clemens, 13,497—Macomb								
Sigma Gamma Convalescent Home for Crippled Children	Orth	Indep	50	..	..	47	187	.....
Nahma, 710—Delta								
Bay View Hospital	Indus	Indus	9	..	..	2	30	.....
Northville, 2,566—Wayne								
Wayne County Training School	MeDe	Co	800	..	..	675	204	.....
Okemos, 216—Ingham								
Ingham County Infirmary	Inst	Co	36	..	..	40	174	.....
Ontonagon, 1,937—Ontonagon								
Bon Air Tuberculosis Sanatorium	TB	Co	15	..	..	13	21	.....
Otter Lake, 336—Lapeer								
American Legion Children's Billet	TB	Indep	98	..	..	95	287	.....
Pontiac, 64,928—Oakland								
Oakland County Infirmary	Inst	Co	100	..	..	70	255	.....
Pt. Huron, 31,361—St. Clair								
Pt. Huron Emerg. Hosp.	Iso	City	18	6	..	2	41	.....
Rochester, 3,554—Oakland								
"The Haven"	N&M	Indiv	20	..	..	6	45	.....
Rogers City, 3,278—Presque Isle								
Rogers City Hospital	Gen	Indiv	6	2	6	3	100	.....
Royal Oak, 22,904—Oakland								
Sunnybrook Hospital	Gen	Indiv	18	7	36	2	186	.....
Shelby, 1,152—Oceana								
Shelby Community Hospital	Gen	Indep	10	4	..	2	118	.....
Stockbridge, 715—Ingham								
Rowe Memorial Hospital	Gen	Indiv	8	4	31	3	117	.....

MICHIGAN—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Unionville, 478—Tuscola								
Unionville General Hospital	Gen	Indiv	6	2	..	3	...	.....
Wahjamega, 111—Tuscola								
Michigan Farm Colony for Epileptics	Epil	State	975	..	..	919	228	.....
West Branch, 1,164—Ogemaw								
Tolfree Memorial Hospital	Gen	City	18	3	18	5	432	.....

Summary for Michigan:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	193	34,203	26,909	251,411
Related institutions	47	7,278	6,159	14,767
Totals	240	41,481	33,068	266,178
Refused registration	17	489		

MINNESOTA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Ada, 1,285—Norman								
Norman County Memorial Hospital	Gen	Indep	11	3	29	4	371	.....
Ah-gwah-ching, 45—Cass								
Minnesota State Sanat.	TB	State	350	..	..	271	258	.....
Albert Lea, 10,169—Freeborn								
Naeve Hospital◇	Gen	Indep	70	10	228	33	1,219	.....
Alexandria, 3,876—Douglas								
Douglas County Hospital	Gen	Indep	30	6	47	11	452	.....
St. Luke's Hospital	Gen	Indiv	16	3	25	7	400	.....
Anoka, 4,851—Anoka								
Gates' Hospital	Gen	Indiv	14	6	..	5	...	.....
Appleton, 1,625—Swift								
Kaufman Hospital	Gen	Indiv	15	3	..	8	387	.....
Austin, 12,276—Mower								
St. Olaf Lutheran Hospital	Gen	Chrch	66	11	169	30	1,222	.....
Bagley, 885—Clearwater								
Clearwater Hospital	Gen	Indiv	13	2	..	4	...	.....
Barrett, 368—Grant								
Powers Hospital	Surg	Indiv	10	..	..	2	101	.....
Battle Lake, 552—Otter Tail								
Otter Tail County Sanat.	TB	Co	44	..	..	35	35	.....
Bemidji, 7,202—Beltrami								
Lutheran Hospital	Gen	Indep	26	4	61	13	537	.....
Benson, 2,095—Swift								
Swift County Hospital	Gen	Indep	19	5	46	8	314	.....
Biwabik, 1,383—St. Louis								
Biwabik Hospital	Gen	Indiv	12	5	23	3	125	.....
Blue Earth, 2,884—Faribault								
Blue Earth Hospital	Gen	Indiv	10	4	..	5	...	.....
Braham, 579—Isanti								
Braham Hospital	Gen	Indiv	12	4	30	3	117	.....
Brainerd, 10,221—Crow Wing								
St. Joseph's Hospital	Gen	Chrch	75	15	183	45	1,522	.....
Breckenridge, 2,264—Wilkin								
St. Francis Hospital◇	Gen	Chrch	50	8	143	28	870	.....
Buffalo, 1,409—Wright								
Catlin Hospital	Gen	Indiv	12	3	14	5	124	.....
Caledonia, 1,554—Houston								
Caledonia Hospital	Gen	Indiv	17	8	31	6	256	.....
Canby, 1,738—Yellow Medicine								
John Swenson Memorial Hospital	Gen	City	18	5	30	5	174	.....
Cannon Falls, 1,358—Goodhue								
Mineral Springs Sanatorium	TB	Co	100	..	..	83	52	.....
Cloquet, 6,782—Carlton								
Eppard Hospital	Gen	Indiv	11	4	..	4	...	.....
Fond du Lac Indian Hosp.	Gen	I A	20	4	..	19	410	.....
Raiter Hospital	Gen	Part	30	5	..	17	...	.....
Cokato, 1,125—Wright								
Cokato Hospital	Gen	Indiv	10	3	9	1	75	.....
Crookston, 6,321—Polk								
Bethesda Hospital	Gen	Chrch	39	9	69	21	640	.....
St. Vincent's Hospital	Gen	Chrch	44	6	63	20	637	.....
Sunnyrest Sanatorium	TB	Co	60	..	..	59	40	393
Crosby, 3,451—Crow Wing								
Miner's Hospital	Gen	Indiv	20	6	35	4	221	.....
Dawson, 1,386—Lac qui Parle								
Dawson Surgical Hospital	Gen	Indep	25	4	26	9	233	.....
Deerwood, 552—Crow Wing								
Deerwood Sanatorium	TB	Co	24	..	..	19	22	250
Detroit Lakes, 3,675—Becker								
Community Hospital	Gen	Indep	19	6	54	11	376	.....
Duluth, 101,463—St. Louis								
Duluth Hospital	Gen	Indiv	20	4	..	4	450	.....
St. Luke's Hospital★◇	Gen	Indep	237	33	594	144	4,584	1,462
St. Mary's Hospital★◇	Gen	Chrch	260	30	509	187	5,129	4,188
Webber Hospital	Gen	Indiv	37	10	137	20	1,010	2,125
Ellsworth, 644—Nobles								
Ellsworth Hospital	Gen	Indiv	10	3	6	2	29	1,200
Ely, 6,156—St. Louis								
Shipman Hospital	Gen	Part	15	3	27	5	177	.....
Eveleth, 7,484—St. Louis								
More Hospital	Gen	Indep	30	8	68	12	570	3,330
Fairmont, 5,521—Martin								
Fairmont Hospital	Gen	Part	12	4	15	5	180	.....
Faribault, 12,767—Rice								
St. Lucas Evangelical Deaconess Hospital◇	Gen	Chrch	49	15	232	30	949	.....

Key to symbols and abbreviations is on page 1021

MINNESOTA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Farmington, 1,342—Dakota								
Community Hospital	Gen	Indiv	20	4	..	15	350	.....
Fergus Falls, 9,389—Otter Tail								
Fergus Falls State Hosp.◇	Ment	State	1,912	..	..	1,838	679	.....
George B. Wright Memorial Hospital	Gen	Indep	40	12	77	15	630	.....
St. Luke's Hospital	Gen	Indep	48	8	76	16	586	.....
Ft. Snelling, 1,327—Hennepin								
Station Hospital	Gen	Army	100	10	15	39	912	.....
Veterans Admin. Facility	G&TB	Vet	662	..	..	490	1,964	12,550
Fosston, 978—Polk								
Fosston Hospital	Gen	Part	15	4	42	6	181	.....
Graceville, 969—Big Stone								
Western Minnesota Hospital	Gen	Indep	35	5	80	16	603	.....
Grand Rapids, 3,206—Itasca								
Itasca Hospital	Gen	Co	45	7	106	25	837	.....
Granite Falls, 1,791—Yellow Medicine								
Granite Falls Hospital	Gen	Indiv	10	5	22	6	196	.....
Riverside Sanatorium	TB	Co	54	..	..	51	26	813
Hallock, 869—Kittson								
Kittson War Veterans' Memorial Hospital	Gen	Co	25	6	65	15	456	.....
Hastings, 5,086—Dakota								
St. Raphael Hospital	Gen	Indiv	18	5	..	10	...	.....
Hendricks, 702—Lincoln								
Hendricks Hospital	Gen	Indep	14	3	24	9	580	.....
Heron Lake, 786—Jackson								
Southwestern Minnesota Hospital	Gen	Indiv	12	2	16	2	98	.....
Hibbing, 15,666—St. Louis								
Adams Hospital	Gen	Indiv	25	6	43	9	491	.....
Rood Hospital	Gen	Indiv	40	10	113	15	790	4,766
Hutchinson, 3,406—McLeod								
Hutchinson Community Hospital	Gen	Indep	24	6	..	10	469	.....
International Falls, 5,036—Koochiching								
Craig Hospital	Gen	Indiv	22	6	25	7	256	.....
Northern Minnesota Hosp.	Gen	Indep	40	6	..	13	...	1,500
Jackson, 2,206—Jackson								
Halloran Hospital	Gen	Indiv	10	3	23	5	174	.....
Lake City, 3,210—Wabasha								
Lake City Hospital	Gen	Indep	19	4	31	9	325	.....
Lake Park, 624—Becker								
Sand Beach Sanatorium	TB	Co	46	..	..	43	26	487
Litchfield, 2,880—Meeker								
Lichtfield Hospital	Gen	Indep	29	6	64	16	701	.....
Little Falls, 5,014—Morrison								
St. Gabriel's Hospital	Gen	Chrch	40	10	103	17	1,001	.....
Long Prairie, 1,854—Todd								
Long Prairie Hospital	Gen	Part	10	3	20	1	116	.....
Luverne, 2,644—Rock								
Luverne Hospital	Gen	Part	15	6	36	4	200	.....
Madelia, 1,397—Watonwan								
Madelia Hospital	Gen	Indiv	13	4	60	4	182	.....
Madison, 1,916—Lac qui Parle								
Ebenezer Lutheran Hosp.	Gen	Chrch	25	4	..	6	301	.....
Mankato, 14,038—Blue Earth								
Immanuel Hospital◇	Gen	Chrch	60	15	109	20	734	.....
St. Joseph's Hospital	Gen	Chrch	125	25	260	40	1,134	230
Marshall, 3,250—Lyon								
Marshall Hospital	Gen	Indep	35	5	11	8	242	.....
Melrose, 1,801—Stearns								
Melrose Hospital	Gen	Indiv	10	4	..	3	121	420
Minneapolis, 464,356—Hennepin								
Abbott Hospital◇	Gen	Chrch	90	18	186	56	2,254	.....
Asbury Hospital*◇	Gen	Chrch	127	18	320	71	2,152	.....
Eitel Hospital*◇	Gen	Indep	100	20	341	68	2,781	.....
Fairview Hospital*◇	Gen	Chrch	200	25	394	108	3,180	.....
Harriet Walker Hospital	Mat	Indep	50	35	87	23	98	.....
Hill Crest Surgical Hosp.◇	Gen	Indep	46	20	297	25	974	.....
Lutheran Deaconess Home and Hospital*◇	Gen	Chrch	120	30	425	83	2,880	.....
Maternity Hospital⊙	MatCh	Indep	83	34	577	69	1,071	685
Minneapolis Gen. Hosp.*+◇	Gen	City	616	65	1,666	529	12,441	25,941
Minnesota General Hosp.	(See University Hospitals)							
Northwestern Hospital*◇	Gen	Indep	165	20	275	96	3,087	.....
St. Andrew's Hospital◇	Gen	Chrch	80	20	367	53	1,895	.....
St. Barnabas Hospital*◇	Gen	Chrch	150	16	369	64	2,212	.....
St. Mary's Hospital*◇	Gen	Chrch	245	30	510	139	4,025	1,228
Shriners Hospital for Crippled Children	Orth	Frat	60	..	..	60	241	624
Swedish Hospital*◇	Gen	Indep	271	42	686	145	4,285	2,253
University Hospitals*+◇	Gen	State	450	30	411	324	7,604	21,607
Montevideo, 4,319—Chippewa								
Montevideo Hospital	Gen	Indep	50	10	107	22	794	.....
Moorhead, 7,651—Clay								
St. Ansgars Hospital◇	Gen	Chrch	50	10	100	34	1,000	.....
Moose Lake, 742—Carlton								
Moose Lake Community Hospital	Gen	Indiv	12	3	41	4	123	.....
Morris, 2,474—Stevens								
Morris Hospital	Gen	Indiv	12	4	21	5	197	.....
Mountain Lake, 1,388—Cottonwood								
Bethel Hospital	Gen	Chrch	21	5	50	5	224	.....
New Prague, 1,543—Le Sueur								
New Prague Community Hospital	Gen	Indep	20	3	52	5	222	.....
New Ulm, 7,308—Brown								
Loretto Hospital	Gen	Chrch	45	8	91	22	618	172
Union Hospital◇	Gen	Indep	50	9	91	27	805	.....
Nopeming, 12—St. Louis								
Nopeming Sanatorium+	TB	Co	230	..	..	230	264	1,439
Northfield, 4,153—Rice								
Northfield Hospital	Gen	Indep	10	4	34	3	129	.....

MINNESOTA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Oak Terrace,—Hennepin								
Glen Lake Sanatorium+⊙	TB	Co	700	..	..	701	405	4,695
Onigum, 19—Cass								
Chippewa Tuberculosis Sanatorium and General Hosp.	G&TB	I A	76	2	59	78	467	1,910
Ortonville, 2,017—Big Stone								
Ortonville Evangelical Hosp.	Gen	Chrch	20	4	26	5	278	.....
Owatonna, 7,654—Steele								
Owatonna City Hospital	Gen	City	46	9	124	15	687	.....
Paynesville, 1,121—Stearns								
Paynesville Hospital	Gen	Indiv	12	2	..	5	...	.....
Perham, 1,411—Otter Tail								
St. James' Hospital	Gen	Chrch	40	5	71	24	798	.....
Pipestone, 3,489—Pipestone								
Ashton Memorial Hospital.	Gen	CyCo	43	4	38	14	390	.....
Pokegama, —Pine								
Pokegama Sanatorium	TB	Indep	56	..	..	22	47	.....
Princeton, 1,636—Mille Lacs								
Northwestern Hospital	Gen	Indiv	30	4	13	3	1,095	1,209
Puposky, 63—Beltrami								
Lake Julia Tuberculosis Sanatorium	TB	Co	53	..	..	41	46	.....
Redlake, 214—Beltrami								
Red Lake Indian Hospital.	Gen	I A	28	6	..	21	689	.....
Red Wing, 9,629—Goodhue								
Red Wing Hospital	Gen	City	36	4	60	27	843	.....
St. John's Hospital◇	Gen	Indep	75	15	158	31	842	.....
Redwood Falls, 2,552—Redwood								
Redwood Falls Hospital	Gen	Part	15	4	32	5	251	.....
Richmond, 603—Stearns								
Richmond Hospital	Gen	Indep	10	..	18	4	249	.....
Rochester, 20,621—Olmsted								
Colonial Hospital◇	Gen	Indep	266	..	..	166	5,233	.....
Rochester State Hospital◇	Ment	State	1,660	..	..	1,566	590	.....
St. Mary's Hospital◇	Gen	Chrch	567	26	426	270	6,213	.....
Worrall Hospital and Annex◇	SkCaENT	Indep	191	..	..	86	5,827	4,685
Roseau, 1,028—Roseau								
Budd Hospital	Gen	Indiv	15	2	9	4	284	.....
St. Cloud, 21,000—Stearns								
St. Cloud Hospital◇	Gen	Chrch	181	20	279	106	2,636	74
Veterans Admin. Facility	Ment	Vet	755	..	..	588	226	.....
St. James, 2,808—Watonwan								
St. James Hospital	Gen	Chrch	20	6	..	13	...	.....
St. Paul, 271,606—Ramsey								
Ancker Hospital*+◇	Gen	CyCo	1,000	50	1,446	718	10,478	12,740
Bethesda Hospital*◇	Gen	Chrch	100	20	281	62	2,093	.....
Charles T. Miller Hosp.*◇	Gen	Indep	200	20	308	91	2,952	13,209
Children's Hospital⊙	Chil	Indep	70	..	..	18	729	.....
Gillette State Hospital for Crippled Children+⊙	Orth	State	250	..	..	222	432	1,223
Midway Hospital◇	Gen	Chrch	100	25	411	76	2,197	2,354
Mounds Park Sanitarium◇	Gen	Chrch	125	12	191	77	1,380	328
Northern Pacific Beneficial Association Hospital*	Gen	Indep	150	12	159	78	2,298	13,360
St. John's Hospital◇	Gen	Chrch	75	15	210	37	1,824	.....
St. Joseph's Hospital*◇	Gen	Chrch	246	24	614	99	5,785	.....
St. Luke's Hospital◇	Gen	Indep	125	25	389	59	2,054	490
West Side General Hospital.	Gen	Chrch	50	16	219	32	781	.....
St. Peter, 4,811—Nicollet								
Covell Hospital	Gen	Indiv	26	10	66	9	312	.....
St. Peter State Hosp.◇	Ment	State	2,037	..	..	1,881	637	.....
Slayton, 1,102—Murray								
Home Hospital	Gen	Part	22	4	27	10	477	246
Soudan, 20—St. Louis								
Soudan Hospital	Gen	Indus	15	4	..	10	...	.....
Springfield, 2,049—Brown								
St. John's Hospital	Gen	Chrch	22	5	42	6	223	.....
Spring Grove, 867—Houston								
Spring Grove Hospital	Gen	Indep	14	6	82	5	196	.....
Starbuck, 781—Pope								
Minnewaska Hospital	Gen	Indep	15	5	23	5	181	.....
Stillwater, 7,173—Washington								
Lakeview Memorial Hosp.	Gen	CyCo	37	6	100	15	528	132
Thief River Falls, 4,268—Pennington								
Oakland Park Sanatorium.	TB	Co	57	..	..	54	27	230
Physicians Hospital	Gen	Indep	24	6	47	9	390	.....
St. Luke's Hospital	Gen	Indep	39	6	43	17	660	.....
Tracy, 2,570—Lyon								
Clinic Hospital	Gen	Part	16	4	23	6	233	.....
Tracy Hospital	Gen	Indiv	17	4	60	8	424	.....
Two Harbors, 4,425—Lake								
Burns and Christensen Hospital	Gen	Part	35	7	67	20	516	5,000
Tyler, 905—Lincoln								
Tyler Hospital	Gen	Indep	12	5	45	8	292	.....
Virginia, 11,963—St. Louis								
Lenont Hospital	Gen	Indiv	20	3	..	..	...	.....
Virginia General Hospital	Gen	Part	15	4	50	4	194	.....
Wabasha, 2,212—Wabasha								
Buena Vista Sanatorium	TB	Co	29	..	..	24	20	.....
St. Elizabeth's Hospital	Gen	Chrch	38	6	31	10	385	.....
Wadena, 2,512—Wadena								
Fair Oaks Lodge Sanat.	TB	Co	38	..	..	30	31	50
Wesley Hospital	Gen	Chrch	45	5	64	18	636	.....
Walker, 618—Cass								
Walker Hospital	Gen	Indiv	32	6	32	6	226	.....
Warren, 1,472—Marshall								
Warren Hospital	Gen	Chrch	30	6	51	8	297	.....
Waseca, 3,815—Waseca								
Waseca Memorial Hospital.	Gen	City	26	8	59	7	256	.....
Wheaton, 1,279—Traverse								
Wheaton Hospital	Gen	Indiv	12	2	..	3	337	.....

Key to symbols and abbreviations is on page 1021

MINNESOTA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
White Earth, 415—Becker								
White Earth Indian Hosp...	Gen	I A	20	6	84	18	521	2,850
Willmar, 6,173—Kandiyohi								
General Hospital	Gen	Indiv	24	8	28	7	272	.....
Willmar Hospital	Gen	Indep	34	4	..	16	...	2,500
Windom, 2,123—Cottonwood								
Windom Hospital	Gen	City	12	2	21	5	237	.....
Winnebago, 1,701—Faribault								
Winnebago Community Hospital	Gen	Part	10	4	23	3	111	.....
Winona, 20,850—Winona								
Winona General Hosp.◇....	Gen	Indep	113	16	247	39	1,549	537
Worthington, 3,878—Nobles								
Southwestern Minnesota Tuberculosis Sanatorium ...	TB	Co	54	..	..	52	37	.....
Worthington Clinic Hosp...	Gen	Part	25	5	43	10	374	.....
Worthington Hospital	Gen	Indiv	10	6	46	8	420	.....
Related Institutions								
Aitkin, 1,545—Aitkin								
Beecroft Hospital	Gen	Indiv	9	4	12	1	104	.....
Anoka, 4,851—Anoka								
Anoka State Asylum.....	Ment	State	1,250	..	..	1,090	71	.....
Buhl, 1,634—St. Louis								
St. Louis County Hospital.	Inst	Co	47	..	..	36	245	.....
Cambridge, 1,183—Isanti								
Minnesota Colony for Epileptics	MeDe	State	604	..	..	647	171	.....
Collegeville,—Stearns								
St. John's University Hosp.	Inst	Indep	42	..	..	10	450	.....
Detroit Lakes, 3,675—Becker								
Detroit Hospital	Gen	Indiv	8	2	3	2	58	.....
Duluth, 101,463—St. Louis								
St. Louis County Almshouse Dispensary	Inst	Co	80	..	..	79	955	.....
Ely, 6,156—St. Louis								
Detention Hospital	Iso	City	16	..	..	1	12	.....
Faribault, 12,767—Rice								
Minnesota School for Feebleminded	MeDe	State	2,200	..	..	2,190	241	.....
Minnesota School for the Deaf	Inst	State	20	..	..	1	300	.....
Gaylord, 812—Sibley								
Gaylord Hospital	Surg	Indiv	10	..	..	2	...	.....
Glenwood, 2,220—Pope								
Glenwood Hospital	Gen	Part	10	..	..	4	179	.....
Greenbush, 387—Roseau								
General Hospital	Gen	Indiv	6	3	17	2	96	.....
Hastings, 5,086—Dakota								
Hastings State Asylum.....	Ment	State	1,090	..	..	1,071	66	.....
Hibbing, 15,666—St. Louis								
Hibbing Detention Hosp...	Iso	City	25	..	..	2	50	.....
Minneapolis, 464,356—Hennepin								
Barton-Loring Home for Convalescents	Conv	Indep	25	..	..	14	151	.....
Homewood Hospital	Conv	Part	24	..	..	15	125	.....
Minneapolis Sanitarium	N&M	Indiv	12	..	..	8	...	.....
Minnesota Sanitarium	N&M	Indiv	20	..	..	9	...	.....
Minnesota Soldiers' Home Hospital	Inst	State	100	..	..	90	138	.....
Parkview Sanatorium	Chr	City	186	..	..	174	156	.....
Portland Resthome	N&M	Indiv	10	..	..	7	5	.....
Rest Home	Conv	Indiv	17	..	..	12	9	.....
Rest Hospital	N&M	Part	17	..	..	14	10	.....
Vocational Nursing Home..	Conv	Indep	50	..	..	25	67	.....
Mudbaden,—Scott								
Mudbaden Sulphur Springs.	Conv	Indep	90	..	..	10	661	.....
Owatonna, 7,654—Steele								
Minnesota State Public School	Inst	State	60	..	..	27	1,075	.....
Parkers Prairie, 631—Otter Tail								
Leibold Hospital	Surg	Indiv	6	..	..	3	110	.....
Pelican Rapids, 1,365—Otter Tail								
Dr. Boysen's Hospital.....	Gen	Indiv	10	4	28	1	57	.....
Pelican Rapids Hospital...	Gen	Indiv	7	3	28	3	85	.....
Pipestone, 3,489—Pipestone								
Pipestone Indian Sch. Hosp.	Gen	I A	36	..	..	17	715	.....
Red Wing, 9,629—Goodhue								
Minnesota State Training School for Boys.....	Inst	State	20	..	..	5	570	.....
Rochester, 20,621—Olmsted								
Cascade Sanitarium	Conv	Indiv	20	..	..	4	70	.....
St. Cloud, 21,000—Stearns								
Minnesota State Reformatory Hospital	Inst	State	30	..	..	22	632	.....
St. Paul, 271,606—Ramsey								
Children's Preventorium of Ramsey County	TB	Indep	80	..	..	74	91	187
Mrs. Robbins Rest Home...	N&M	Indiv	13	..	..	5	16	.....
Salvation Army Home and Hospital	Mat	Chrch	50	35	67	2	...	.....
Sauk Center, 2,716—Stearns								
Long Hospital	Gen	Indiv	9	5	20	2	96	.....
Shakopee, 2,023—Scott								
Mudcura Sanitarium	Conv	Indep	50	..	..	18	769	.....
Stillwater, 7,173—Washington								
Minnesota State Prison Hospital	Inst	State	52	..	..	31	551	.....
Virginia, 11,963—St. Louis								
City Detention Hospital...	Iso	City	35	..	..	1	17	.....
Watertown, 594—Carver								
Cottage Hospital	Gen	Indiv	8	2	..	1	...	.....
Shrader and Lee Hospital..	Gen	Indiv	6	3	12	2	93	.....

MINNESOTA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Wayzata, 1,100—Hennepin								
Minnetonka Hospital	Gen	Indiv	10	3	..	4	...	.....
Willmar, 6,173—Kandiyohi								
Willmar State Asylum.....	Ment	State	1,450	..	..	1,188	74	.....

Summary for Minnesota:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums.....	170	19,276	13,961	171,550
Related institutions.....	45	7,854	6,874	9,431
Totals.....	215	27,130	20,835	180,981
Refused registration.....	7	178		

MISSISSIPPI

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Aberdeen, 3,925—Monroe								
Aberdeen Hospital	Gen	Indep	20	2	6	4	150	.....
Amory, 3,214—Monroe								
Gilmore Sanitarium◇	Gen	Indep	35	3	21	11	483	.....
Biloxi, 14,850—Harrison								
Biloxi Hospital◇	Gen	Indep	50	8	60	15	765	292
Veterans Admin. Facility...	Gen	Vet	207	..	..	New	...	44
Booneville, 1,703—Prentiss								
North East Mississippi Hospital◇	Gen	Indep	50	2	12	7	412	.....
Brookhaven, 5,288—Lincoln								
Kings Daughters Hospital..	Gen	Chrch	50	7	25	5	307	.....
Canton, 4,725—Madison								
Madison County Kings Daughters Hospital	Gen	Indep	20	5	..	..	...	.....
Centreville, 1,344—Wilkinson								
Field Memorial Hospital◇..	Gen	Part	28	4	31	13	360	5,475
Charleston, 2,014—Tallahatchie								
Charleston Hospital	Gen	Indiv	20	2	6	3	165	.....
Clarksdale, 10,034—Coahoma								
Clarksdale Hospital	Gen	Indep	22	5	48	6	417	.....
Columbia, 4,833—Marion								
Columbia Clinic-Hospital◇.	Gen	Indiv	35	2	23	17	445	5,400
Columbus, 10,743—Lowndes								
Columbus Hospital	Gen	Indiv	20	3	..	10	...	.....
Fite Hospital◇	Gen	Indiv	35	5	29	11	461	3,650
Corinth, 6,220—Alcorn								
Corinth Hospital	Gen	Indiv	12	3	18	3	177	.....
McRae Hospital◇	Gen	Indep	65	5	4	8	237	1,000
Electric Mills, 1,084—Kemper								
George C. Hixon Memorial Hospital◇	Gen	Indus	50	6	32	8	326	2,131
Fondren, (Jackson P.O.)—Hinds								
Mississippi State Hospital..	Ment	State	2,600	..	..	2,544	1,058	.....
Greenville, 14,807—Washington								
Kings Daughters Hospital◇.	Gen	Indep	106	14	113	35	1,441	.....
Greenwood, 11,123—Leflore								
Greenwood-Leflore Hosp.◇..	Gen	CyCo	35	6	72	9	590	.....
Grenada, 4,349—Grenada								
Grenada General Hosp.◇....	Gen	Part	50	6	35	8	570	.....
Gulfport, 12,547—Harrison								
Kings Daughters Hosp.◇...	Gen	Chrch	60	6	81	13	805	.....
Veterans Admin. Facility...	Ment	Vet	598	..	..	599	383	.....
Hattiesburg, 18,601—Forrest								
Methodist Hospital◇	Gen	Chrch	75	12	105	17	1,162	863
South Mississippi Infirm.◇..	Gen	Indiv	65	15	12	12	576	6,345
Houston, 1,477—Chickasaw								
Houston Hospital◇	Gen	Indep	40	2	15	15	520	.....
Jackson, 48,282—Hinds								
Jackson Infirmary◇	Gen	Indiv	75	15	84	17	1,429	.....
Mississippi Baptist Hosp.◇..	Gen	Chrch	75	12	..	50	...	.....
Mississippi State Charity Hospital◇	Gen	State	100	..	17	41	1,316	.....
Dr. Willis Walley Hosp.◇....	Gen	Indiv	70	3	15	16	875	.....
Laurel, 18,017—Jones								
Laurel General Hospital◇...	Gen	Indiv	50	6	60	14	1,028	.....
South Mississippi Charity Hospital◇	Gen	State	100	15	49	48	2,218	.....
Lexington, 2,590—Holmes								
Holmes County Community Hospital	Gen	Co	25	2	13	5	318	.....
Macon, 2,198—Noxubee								
Macon Hospital	Gen	Indiv	20	2	10	7	406	.....
McComb, 10,057—Pike								
McComb City Hospital◇....	Gen	Indiv	26	2	55	13	779	.....
McComb Infirmary◇	Gen	Indiv	25	2	..	5	340	.....
Meridian, 31,954—Lauderdale								
Anderson Infirmary◇	Gen	Indiv	45	5	57	10	589	390
East Mississippi State Hosp.	Ment	State	900	..	..	871	362	.....
Matty Hersee Hospital◇....	Gen	State	100	8	74	52	1,916	6,634
Meridian Sanit. and Clinic◇	Gen	Part	55	12	62	15	792	436
Dr. F. G. Riley's Hospital and Clinic	Gen	Indiv	25	6	37	9	421	.....
Rush's Infirmary◇	Gen	Part	50	6	..	18	...	.....
Natchez, 13,422—Adams								
Chamberlain-Rice Hospital.	Gen	Indep	75	4	15	15	514	5,475
Natchez Charity Hospital◇.	Gen	State	110	8	..	..	...	.....
Natchez Sanatorium◇	Gen	Indep	50	5	55	15	607	.....
New Albany, 3,187—Union								
Mayes Hospital	Gen	Indep	25	2	17	8	375	898

Key to symbols and abbreviations is on page 1021

MISSISSIPPI—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
New Albany Hospital and Clinic	Gen	Indep	12	2	7	5	267	.....
Newton, 2,011—Newton								
Newton Infirmary	Gen	Indep	25	3	22	6	411	55
Oxford, 2,890—Lafayette								
Bramlett Hospital	Gen	Part	25	4	20	12	266	.....
Oxford Hospital◇	Gen	Indiv	30	5	..	11	746	.....
Pascagoula, 4,339—Jackson								
Jackson County Hospital	Gen	Co	27	4	..	6	255	.....
Philadelphia, 2,560—Neshoba								
Choctaw-Mississippi Hosp.	Gen	I A	31	6	..	16	...	.....
Philadelphia Hospital	Gen	Indiv	10	2	22	4	315	.....
Picayune, 4,698—Pearl River								
Martin Sanatorium	Gen	Indiv	24	2	..	8	...	.....
Poplarville, 1,498—Pearl River								
Pearl River County Hosp.	Gen	Indep	20	2	..	5	212	.....
Rosedale, 2,117—Bolivar								
Kings Daughters Hospital	Gen	Indep	12	2	14	3	122	.....
Sanatorium, 61—Simpson								
Mississippi State Tuberculosis Sanatorium	TB	State	480	..	..	284	346	512
Starkville, 3,612—Oktibbeha								
Oktibbeha Hospital	Gen	Indiv	19	2	15	6	214	.....
Tupelo, 6,361—Lee								
Tupelo Hospital◇	Gen	Indep	42	4	..	12	678	117
Vicksburg, 22,943—Warren								
Mississippi State Charity Hospital◇	Gen	State	90	15	..	80	...	.....
Vicksburg Hospital◇	Gen	Indep	50	6	42	19	1,008	5,401
Vicksburg Infirmary◇	Gen	Indiv	100	5	60	44	1,340	615
Vicksburg Sanitarium and Crawford Street Hosp.◇	Gen	Indep	75	6	49	26	1,180	5,663
Water Valley, 3,738—Yalobusha								
Water Valley Hospital	Gen	Part	25	3	5	5	193	2,276
West Point, 4,677—Clay								
Ivy Hospital◇	Gen	Indiv	25	6	35	12	225	.....
Winona, 2,607—Montgomery								
Winona Infirmary◇	Gen	Indep	35	2	19	6	210	.....
Yazoo City, 5,579—Yazoo								
Kings Daughters Hospital	Gen	Indep	25	6	..	3	...	.....
Related Institutions								
Biloxi, 14,850—Harrison								
Jefferson Davis Soldiers Home	Inst	State	60	..	..	40	40	.....
Cary, 419—Sharkey								
Dr. W. C. Pool's Sanitarium	Gen	Indiv	7	..	..	1	30	.....
Clarksdale, 10,034—Coahoma								
Ancient Order of Watchmen Hospital (col.)	Gen	Frat	15	..	..	3	...	.....
Ellisville, 2,127—Jones								
Ellisville State School	MeDe	State	500	..	..	300	...	.....
Greenville, 14,807—Washington								
Kings Daughters Hospital (col.)	Gen	Indep	65	..	4	4	176	.....
Greenwood, 11,123—Leflore								
Greenwood Colored Hosp.	Gen	Indiv	15	..	..	4	...	.....
Meridian, 31,954—Lauderdale								
Kings Daughters Tuberculosis Hospital	TB	Indep	44	..	..	22	26	.....
Okolona, 2,235—Chickasaw								
Wicks Hospital	Gen	Indiv	10	1	6	2	50	.....
State College, 300—Oktibbeha								
James Z. George Memorial Hospital	Inst	State	44	..	..	4	247	.....
University, 15—Lafayette								
University of Mississippi Hospital	Inst	State	20	..	..	4	...	.....

Summary for Mississippi:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	65	7,339	5,253	49,300
Related institutions	10	780	384	943
Totals	75	8,119	5,637	50,243
Refused registration	2	72		

MISSOURI

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Bonne Terre, 4,021—St. Francois								
Bonne Terre Hospital	Gen	Indep	30	7	47	12	417	.....
Boonville, 6,435—Cooper								
St. Joseph's Hospital◇	Gen	Chrch	75	14	55	27	863	.....
Butler, 2,706—Bates								
Butler Memorial Hospital	Gen	Indiv	16	2	26	5	335	.....
California, 2,384—Moniteau								
Latham Sanitarium	Gen	Indiv	33	2	1	10	775	.....
Cape Girardeau, 16,227—Cape Girardeau								
St. Francis Hospital	Gen	Chrch	50	6	..	27	930	.....
Southeast Missouri Hosp.	Gen	Indep	65	10	77	31	1,051	225
Carrollton, 4,058—Carroll								
Cook's Hospital	Gen	Indiv	12	2	..	4	150	.....
Carthage, 9,736—Jasper								
McCune-Brooks Hospital	Gen	City	38	6	49	14	615	91
Chillicothe, 8,177—Livingston								
Chillicothe Hospital	Gen	Part	25	3	19	8	294	.....

MISSOURI—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Clayton, 9,613—St. Louis								
St. Louis County Hosp.★✦	Gen	Co	220	38	693	144	4,775	6,168
Columbia, 14,967—Boone								
Boone County General Hospital	Gen	Co	46	4	53	19	745	.....
State Hospital for Crippled Children	(Included in University Hospitals)							
University Hospitals◇	Gen	State	100	8	38	52	2,314	5,599
Excelsior Springs, 4,565—Clay								
Excelsior Springs Sanitarium and Hospital	Gen	Part	24	..	..	10	254	.....
Veterans Admin. Facility	Gen	Vet	252	..	..	236	1,948	.....
Farmington, 3,001—St. Francois								
Missouri State Hosp. No. 4✦	Ment	State	1,196	..	..	1,067	428	78
Fayette, 2,630—Howard								
Lee Hospital	Gen	Part	20	5	60	6	345	.....
Fulton, 6,105—Callaway								
State Hospital No. 1	Ment	State	1,700	..	..	1,678	302	.....
Glendale (Kirkwood P.O.), 1,451—St. Louis								
Oakland Park Hospital	N&M	Indep	16	..	..	6	...	.....
Hannibal, 22,761—Marion								
Levering Hospital	Gen	City	78	18	95	29	1,197	.....
St. Elizabeth's Hospital	Gen	Chrch	60	10	127	44	1,086	.....
Harrisonville, 2,306—Cass								
Harrisonville Hospital	Gen	Indiv	10	..	8	3	137	.....
Independence, 15,296—Jackson								
Independence Sanitarium and Hospital◇	Gen	Chrch	68	12	232	45	1,575	.....
Jefferson Barracks, 842—St. Louis								
Station Hospital	Gen	Army	116	3	26	28	871	3,714
Veterans Admin. Facility	Gen	Vet	372	..	..	355	1,560	.....
Jefferson City, 21,596—Cole								
St. Mary's Hospital	Gen	Chrch	100	10	111	38	1,229	720
Joplin, 33,454—Jasper								
Freeman Community Hosp.	Gen	Indep	90	12	51	22	938	150
St. John's Hospital◇	Gen	Chrch	100	10	142	40	3,061	.....
Kansas City, 399,746—Jackson								
Children's Mercy Hospital◇	Chil	Indep	163	12	..	159	2,500	19,395
Fairmount Maternity Hosp.	Mat	Indiv	50	50	..	20	144	.....
Kansas City Gen. Hosp.★◇	Gen	City	425	25	1,008	398	8,200	13,097
Kansas City General Hospital No. 2 (col.)★◇	Gen	City	250	24	327	100	3,046	5,397
Kansas City Industrial Hosp.	Gen	Indep	12	4	17	4	105	1,000
Kansas City Tuberculosis Hospital	TB	City	170	..	..	165	166	.....
Menorah Hospital★	Gen	Indep	133	30	298	76	2,127	128
Ralph Sanitarium	Drug	Indiv	20	..	..	10	125	.....
Research Hospital★◇	Gen	Indep	205	20	341	109	3,831	.....
Robinson Neuropsychiatric Clinic	N&M	Indiv	48	..	..	22	146	.....
St. Joseph Hospital★◇	Gen	Chrch	230	26	299	108	3,398	.....
St. Luke's Hospital★◇	Gen	Chrch	208	27	496	115	5,303	.....
St. Mary's Hospital★◇	Gen	Chrch	165	16	116	100	2,878	.....
St. Vincent's Maternity Hospital	Mat	Chrch	42	35	467	15	504	.....
Simpson-Major Sanitarium	N&M	Part	30	..	..	17	178	.....
Trinity Lutheran Hosp.★◇	Gen	Chrch	125	24	337	72	2,024	.....
Vineyard Park Hospital	Surg	Indiv	35	..	..	25	864	.....
Wesley Hospital	Gen	Indep	95	15	55	21	728	.....
Wheatley-Provident Hospital (col.)◇	Gen	Indep	67	2	18	12	438	6,256
Willows Maternity Sanit.	MatCh	Indiv	96	75	209	46	224	.....
Kirksville, 8,293—Adair								
Grim-Smith Hospital and Clinic	Gen	Indep	40	2	..	14	537	4,000
Louisiana, 3,549—Pike								
Pike County Hospital	Gen	Co	50	11	34	12	413	.....
Macon, 3,851—Macon								
Samaritan Hospital	Gen	Indiv	15	6	..	4	105	.....
Marceline, 3,555—Linn								
B. B. Putman Memorial Hospital	Gen	Indiv	15	3	20	10	371	.....
Maryville, 5,217—Nodaway								
St. Francis Hospital◇	Gen	Chrch	70	6	83	19	764	.....
Moberly, 13,772—Randolph								
McCormick Hospital	Gen	Indiv	40	5	40	15	436	.....
Wabash Employees Hosp.	Indus	Indus	50	..	..	10	365	.....
Woodland Hospital	Gen	Indep	35	5	32	22	720	.....
Monett, 4,099—Barry								
Dr. William M. West's Hosp.	Gen	Indiv	18	3	..	5	200	.....
Mt. Vernon, 1,342—Lawrence								
Missouri State Sanatorium	TB	State	407	..	..	351	466	531
Nevada, 7,448—Vernon								
Nevada Medical and Surgical Sanitarium	Gen	Indiv	12	3	6	4	152	.....
State Hospital No. 3✦	Ment	State	1,694	..	..	1,658	375	.....
Pine Lawn,—St. Louis								
Tiernon Hosp. and Clinic	Gen	Indiv	35	8	27	8	430	2,321
Poplar Bluff, 7,551—Butler								
Brandon Hospital	Gen	Indiv	45	4	16	9	361	1,440
Lucy Lee Hospital	Gen	Indiv	25	..	..	18	...	.....
Poplar Bluff Hospital	Gen	Indep	38	4	20	19	555	3,000
Robertson, 714—St. Louis								
Jewish Sanatorium	TB	Indep	108	..	..	71	66	327
Rolla, 3,670—Phelps								
U. S. Trachoma Hospital	Trach	USPH	38	..	..	35	334	3,202
St. Charles, 10,491—St. Charles								
St. Joseph's Hospital	Gen	Chrch	50	8	48	30	1,027	.....
St. James, 1,294—Phelps								
St. James Hospital	Gen	Indiv	20	..	..	New	...	.....
St. Joseph, 80,935—Buchanan								
Dr. Byrd's Sanitarium	N&M	Indiv	30	..	..	15	53	.....
Missouri Methodist Hosp.★◇	Gen	Chrch	200	20	358	100	3,902	.....

Key to symbols and abbreviations is on page 1021

MISSOURI—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
St. Joseph's Hospital★◇	Gen	Chrch	125	14	211	63	2,043	.....
State Hospital No. 2✚	Ment	State	2,451	..	..	2,388	538	.....
St. Louis, 821,960—St. Louis								
Alexian Brothers Hosp.★◇	Gen	Chrch	250	..	..	120	1,152	7,570
American Hospital	Gen	Indiv	35	20	41	12	624	.....
Barnard Free Skin and Cancer Hospital✚	SkCa	Indep	44	..	..	38	659	3,666
Barnes Hospital★✚◇	Gen	Chrch	270	..	..	200	6,117	.....
Bethesda General Hosp.◇	Gen	Indep	105	15	120	28	770	.....
Central Hospital	Gen	Indep	30	16	90	12	674	.....
Christian Hospital★◇	Gen	Indep	108	25	244	49	1,309	399
City Isolation Hospital✚◎	TbIs	City	250	..	..	158	1,942	.....
City Sanitarium✚	Ment	City	2,265	..	..	3,364	730	.....
De Paul Hospital★◇	Gen	Chrch	250	35	568	127	4,724	3,049
Evangelical Deaconess Home and Hospital★◇	Gen	Chrch	150	30	305	103	3,634	.....
Firmin Desloge Hospital	Gen	Chrch	238	36	..	113	2,955	.....
Frisco Employes' Hosp.	Indus	Indus	100	..	..	44	1,124	3,709
Jewish Hospital★✚◇	Gen	Indep	257	33	395	128	4,101	5,005
Josephine Heitkamp Memorial Hospital	Gen	Chrch	50	8	..	31	...	.....
Lutheran Hospital★◇	Gen	Chrch	150	30	369	75	3,234	93
Missouri Baptist Hosp.★◇	Gen	Chrch	459	41	322	192	4,337	.....
Missouri Pacific Hospital	Indus	Indus	300	..	..	95	3,027	.....
Mt. St. Rose Sanatorium✚	TB	Chrch	150	..	..	106	196	.....
Peoples Hospital (col.)	Gen	Indep	50	6	..	11	...	.....
Robert Koch Hospital✚	TB	City	503	..	..	496	279	.....
St. Ann's Lying-In Hosp.	Mat	Chrch	40	32	565	21	561	.....
St. Anthony's Hospital★◇	Gen	Chrch	200	50	728	90	3,799	.....
St. John's Hospital★◇	Gen	Chrch	336	36	436	172	4,814	28,288
St. Louis Children's Hospital◇	Chil	Indep	203	..	..	91	3,096	.....
St. Louis City Hospital★✚◇	Gen	City	850	59	2,348	756	19,992	.....
St. Louis City Hospital No. 2 (col.)★✚◇	Gen	City	300	40	1,026	408	8,691	.....
St. Louis Mater. Hosp.✚◎	Mat	Indep	104	104	1,465	54	1,750	1,194
St. Luke's Hospital★◇	Gen	Chrch	178	32	534	123	3,243	772
St. Mary's Hospital★✚◇	Gen	Chrch	275	45	550	182	5,072	9,943
St. Mary's Infirmary (col.)	Gen	Chrch	140	..	..	88	1,948	.....
St. Vincent's Sanitarium	N&M	Chrch	250	..	..	223	103	.....
Shriners Hospital for Crippled Children✚	Orth	Frat	120	..	..	119	457	275
U. S. Marine Hospital	Gen	USPH	100	..	..	84	386	1,492
Sedalia, 20,806—Pettis								
City Hospital No. 2 (col.)	Gen	City	12	2	..	2	60	.....
John H. Bothwell Memorial Hospital	Gen	City	120	20	73	14	662	.....
Sikeston, 5,676—Scott								
Sikeston Hospital	Gen	Part	10	3	10	4	79	.....
Springfield, 57,527—Greene								
Burge Hospital◇	Gen	Chrch	85	10	47	21	670	.....
St. John's Hospital◇	Gen	Chrch	100	12	242	61	2,106	.....
Springfield Hospital◇	Gen	Indep	88	12	112	48	2,065	.....
U. S. Hospital for Defective Delinquents	Ment	Fed	705	..	..	New	...	.....
Stella, 226—Newton								
C. Cardwell Hospital	Gen	Indiv	20	4	..	10	...	.....
Trenton, 6,992—Grundy								
Cullers Hospital	Gen	Indiv	20	2	5	4	203	.....
Wright Hospital	Gen	Indiv	12	4	6	3	175	.....
Washington, 5,918—Franklin								
St. Francis Hospital	Gen	Chrch	36	6	70	23	707	187
Webb City, 6,876—Jasper								
Jasper County Tuberculosis Hospital	TB	Co	103	..	..	87	92	671
Webster Groves, 16,487—St. Louis								
Glenwood Sanatorium	N&M	Indep	30	..	..	19	44	.....
Westplains, 3,335—Howell								
Christa Hogan Hospital	Gen	Indiv	18	2	6	7	199	.....
Related Institutions								
Diamond, 515—Newton								
Dr. Riley F. Cheatham's Hospital	Gen	Indiv	8	..	..	2	60	.....
Higginsville, 3,339—Lafayette								
Confederate Home Hospital	Inst	State	50	..	..	5	...	.....
Independence, 15,296—Jackson								
Valle Sanitarium	N&M	Indep	18	..	..	12	6	.....
Jefferson City, 21,596—Cole								
Missouri State Penitentiary Hospital	Inst	State	70	..	..	57	918	.....
Kansas City, 399,746—Jackson								
Baptist Hospital	Inst	Indep	35	..	..	8	22	.....
Florence Crittenton Home.	Mat	Indep	14	14	33	12	77	.....
Florence Crittenton Home (col.)	Mat	Indep	32	28	..	32	...	.....
Trowbridge Training School for Nervous and Backward Children	MeDe	Indiv	25	..	..	16	16	.....
Liberty, 3,516—Clay								
Missouri Odd Fellows Home Hospital	Inst	Frat	85	..	..	74	880	.....
Marshall, 8,103—Saline								
Missouri State School—Epilepsy and Feebleminded	MeDe	State	1,067	..	..	1,062	42	.....
Marthasville, 394—Warren								
Evangelical Emmaus Home for Epileptics and Feebleminded	MeDe	Chrch	125	..	..	95	...	.....
Mountain Grove, 2,229—Wright								
Ryan Hospital	Gen	Indiv	7	1	3	1	36	.....

MISSOURI—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Ozark, 885—Christian								
Ozark Sanatorium	Gen	Indiv	6	..	..	2	75	.....
Paris, 1,367—Monroe								
McMurry Hospital	Gen	Indiv	8	1	..	4	...	.....
Parkville, 636—Platte								
Waverly Hospital	Inst	Indep	22	..	..	1	200	.....
Pomona, 337—Howell								
Pomona Hospital	Gen	Indiv	15	1	2	3	105	.....
Rogersville, 461—Webster								
Rogersville Hospital	Gen	Indiv	7	2	3	1	15	200
Rolla, 3,670—Phelps								
Missouri School of Mines Hospital	Inst	State	11	..	..	2	147	.....
St. Charles, 10,491—St. Charles								
Evangelical Emmaus Home for Epileptics and Feebleminded	MeDe	Chrch	143	..	..	121	17	.....
St. James, 1,294—Phelps								
State Federal Soldiers Home Hospital	Inst	State	49	..	..	27	94	.....
St. Joseph, 80,935—Buchanan								
Sunnyslope Hospital	TbIs	City	27	..	..	11	...	.....
St. Louis, 821,960—St. Louis								
City Infirmary	Inst	City	90	..	..	86	127	.....
Hospital of Masonic Home	Inst	Frat	138	..	..	91	547	.....
St. Louis Training School	MeDe	City	559	..	..	559	62	.....
Salvation Army Women's Home and Hospital	Mat	Chrch	15	10	69	4	92	.....
Springfield, 57,527—Greene								
Anderson Home Infirmary.	ENT	Indep	14	..	..	5	1,890	.....
Warrensburg, 5,146—Johnson								
Oak Hill Sanitarium	Gen	Indiv	7	..	..	3	75	.....
Warrensburg Clinic	Gen	Part	10	..	6	2	78	.....
Webster Groves, 16,487—St. Louis								
Miriam Convalescent Home	Conv	Frat	30	..	..	19	400	.....
Westplains, 3,335—Howell								
Cottage Hospital	Gen	Indiv	7	3	4	1	46	.....

Summary for Missouri:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	118	23,383	18,517	180,343
Related institutions	30	2,635	2,284	6,130
Totals	148	26,018	20,801	186,473
Refused registration	29	1,348		

MONTANA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Anaconda, 12,494—Deerlodge								
St. Ann's Hospital◇	Gen	Chrch	65	8	85	29	728	1,312
Billings, 16,380—Yellowstone								
Billings Deaconess Hosp.◇	Gen	Chrch	57	12	223	33	1,116	.....
St. Vincent's Hospital◇	Gen	Chrch	160	15	90	52	1,548	300
Bozeman, 6,855—Gallatin								
Bozeman Deaconess Hosp.◇	Gen	Chrch	50	12	108	26	867	.....
Browning, 1,172—Glacier								
Blackfeet Hospital	Gen	I A	30	7	71	29	575	.....
Butte, 39,532—Silver Bow								
Murray Hospital★	Gen	Indep	120	12	99	38	1,169	7,118
St. James Hospital★◇	Gen	Chrch	141	16	293	52	1,787	3,378
Choteau, 926—Teton								
Choteau Hospital	Gen	Indiv	14	4	28	5	188	.....
Conrad, 1,499—Pondera								
St. Mary's Hospital	Gen	Chrch	34	10	79	14	547	.....
Crow Agency, 113—Big Horn								
Crow Indian Hospital	Gen	I A	24	6	..	15	483	.....
Deer Lodge, 3,510—Powell								
Montana State Tuberculosis Sanitarium	TB	State	150	..	..	143	161	.....
St. Joseph's Hospital	Gen	Chrch	30	4	36	16	216	.....
Dillon, 2,422—Beaverhead								
Barrett Hospital	Gen	Indep	22	4	38	5	257	.....
Ft. Benton, 1,109—Chouteau								
St. Clare Hospital	Gen	Chrch	50	6	52	22	333	.....
Ft. Harrison,—Lewis and Clark								
Veterans Admin. Facility	Gen	Vet	438	..	..	217	1,034	.....
Ft. Missoula (Missoula P.O.), —Missoula								
Station Hospital	Gen	Army	40	..	..	7	152	2,424
Glasgow, 2,216—Valley								
Frances Mahon Deaconess Hospital	Gen	Chrch	25	6	65	16	495	244
Glendive, 4,629—Dawson								
Glendive General Hospital.	Gen	Indiv	25	5	38	8	191	.....
Northern Pacific Hospital	Gen	Indus	60	8	36	35	1,316	3,177
Great Falls, 28,822—Cascade								
Columbus Hospital◇	Gen	Chrch	290	50	387	112	2,869	327
Montana Deaconess Hosp.◇	Gen	Chrch	175	25	295	92	2,461	.....
Hamilton, 1,839—Ravalli								
Marcus Daly Memorial Hosp.	Gen	Indep	30	6	63	15	812	.....
Hardin, 1,169—Big Horn								
Lucy Winn Hospital	Gen	Indiv	22	4	30	5	165	.....
Harlem, 708—Blaine								
Ft. Belknap Indian Hospital and Sanitarium	Gen	I A	47	8	59	33	617	2,482

Key to symbols and abbreviations is on page 1021

MONTANA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Havre, 6,372—Hill								
Kennedy Deaconess Hosp.◇	Gen	Chrch	41	12	103	20	896	.....
Sacred Heart Hospital◇....	Gen	Chrch	75	9	134	47	1,470	.....
Helena, 11,803—Lewis and Clark								
St. John's Hospital◇.....	Gen	Chrch	50	10	107	26	761	.....
St. Peter's Hospital.....	Gen	Chrch	60	12	85	22	666	.....
Kalispell, 6,094—Flathead								
Kalispell General Hospital.	Gen	Chrch	54	6	51	15	508	90
Lame Deer, 1,525—Rosebud								
Tongue River Agency Hosp.	Gen	I A	47	6	15	18	497	114
Lewistown, 5,358—Fergus								
Attix Clinic Hospital.....	Surg	Indiv	16	..	..	..	...	.....
St. Joseph's Hospital◇....	Gen	Chrch	75	16	166	39	1,533	.....
Libby, 1,752—Lincoln								
Libby General Hospital...	Gen	Indiv	14	3	25	8	250	.....
Livingston, 6,391—Park								
Park Hospital	Gen	Indiv	23	6	..	18	...	.....
Miles City, 7,175—Custer								
Miles City Hospital◇.....	Gen	Chrch	85	7	58	45	930	.....
Missoula, 14,657—Missoula								
Northern Pacific Hospital..	Indus	Indus	75	..	..	37	1,221	6,819
St. Patrick's Hospital◇.....	Gen	Chrch	106	12	137	50	1,512	328
Thornton Hospital	Gen	Part	38	8	95	18	1,052	.....
Plentywood, 1,226—Sheridan								
Sheridan Memorial Hosp..	Gen	Indep	18	5	52	7	290	.....
Poplar, 1,046—Roosevelt								
Ft. Peck Indian School Hosp.	Gen	I A	38	8	..	19	833	.....
Red Lodge, 3,026—Carbon								
Mt. Maurice Hospital and Sanatorium	Gen	Indus	26	4	..	..	...	.....
Roundup, 2,577—Musselshell								
Musselshell Valley Hospital	Gen	Indiv	15	4	18	5	155	.....
St. Ignatius, 375—Lake								
Holy Family Hospital.....	Gen	Chrch	42	6	50	9	434	.....
Sidney, 2,010—Richland								
Sidney Deaconess Hospital.	Gen	Chrch	24	6	..	15	...	.....
Warmsprings, 110—Deerlodge								
Montana State Hospital...	Ment	State	1,775	..	..	1,728	511	.....
Related Institutions								
Bearcreek, 472—Carbon								
Oleinik Hospital	Gen	Indiv	6	..	..	5	...	.....
Boulder, 926—Jefferson								
Montana State Training School for Feebleminded.	MeDe	State	415	..	..	392	67	.....
Butte, 39,532—Silver Bow								
Silver Bow County Hosp..	Inst	Co	150	3	30	135	384	.....
Deer Lodge, 3,510—Powell								
Montana State Penitentiary Hospital	Inst	State	10	..	..	2	...	.....
Great Falls, 28,822—Cascade								
Detention Hospital	Iso	CyCo	35	..	..	6	62	.....
Harlem, 708—Blaine								
Harlem Hospital	Gen	Indep	11	..	20	4	53	.....
Helena, 11,803—Lewis and Clark								
Florence Crittenton Home.	Mat	Indep	22	18	..	19	...	.....
Lewis and Clark County Hospital	Inst	Co	31	..	..	25	...	.....
Lewistown, 5,358—Fergus								
Fergus County Hospital...	Gen	Co	16	4	26	12	243	200
Livingston, 6,391—Park								
Robinson Hospital	Gen	Indiv	7	5	29	2	78	.....
Malta, 1,342—Phillips								
Malta Hospital	Gen	Indiv	9	2	29	4	266	.....
Mammoth (Jefferson Island P. O.)—Madison								
Mammoth Hospital	Gen	Indiv	35	..	..	7	...	.....
Philipsburg, 1,300—Granite								
Granite County Hospital..	Gen	Co	8	..	..	6	...	.....
Polson, 1,455—Lake								
Hotel Dieu Hospital.....	Gen	Chrch	20	6	..	2	...	.....
Stevensville, 692—Ravalli								
Stevensville Hospital	Gen	Indiv	7	2	..	..	...	.....
Twin Bridges, 671—Madison								
State Orphans' Home Hosp.	Inst	State	25	..	..	1	359	.....
White Sulphur Springs, 575—Meagher								
McKay Hospital	Gen	Indiv	10	1	6	2	40	.....

Summary for Montana:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums.....	45	4,771	3,174	34,718
Related institutions.....	17	807	615	1,566
Totals.....	62	5,578	3,789	36,284
Refused registration.....	6	97		

NEBRASKA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Ainsworth, 1,378—Brown								
Ainsworth Hospital	Gen	Indiv	28	3	63	10	358	.....
Alliance, 6,669—Box Butte								
St. Joseph's Hospital◇.....	Gen	Chrch	100	12	88	51	1,520	.....
Arnold, 899—Custer								
Arnold Hospital	Gen	Indiv	17	2	7	3	104	.....
Auburn, 3,068—Nemaha								
Auburn Hospital	Gen	Indiv	10	2	..	5	157	.....

NEBRASKA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Aurora, 2,715—Hamilton								
Aurora Hospital	Gen	Part	16	9	23	6	202	.....
Beatrice, 10,297—Gage								
Beatrice Sanitarium	Gen	Indiv	25	4	23	8	194	715
Lutheran Hospital◇	Gen	Chrch	65	11	80	15	429	.....
Broken Bow, 2,715—Custer								
Broken Bow Hospital.....	Gen	Indiv	35	4	..	6	...	.....
Cambridge, 1,203—Furnas								
Republican Valley Hospital	Gen	Indiv	25	2	..	4	171	.....
Central City, 2,474—Merrick								
J. E. Benton Hospital.....	Gen	Indiv	10	..	..	4	...	.....
Chadron, 4,606—Dawes								
Chadron Municipal Hosp...	Gen	City	25	7	19	6	261	.....
Columbus, 6,898—Platte								
Columbus Hospital	Gen	Indep	35	4	..	30	...	.....
St. Mary's Hospital.....	Gen	Chrch	125	10	95	52	1,016	.....
David City, 2,333—Butler								
David City Hospital.....	Gen	Indep	13	3	25	6	213	.....
Fairbury, 6,192—Jefferson								
Taylor Hospital	Gen	Indiv	20	2	15	5	...	.....
Falls City, 5,787—Richardson								
Falls City Hospital.....	Gen	Indiv	30	10	23	8	334	.....
Ft. Crook, 719—Sarpy								
Station Hospital	Gen	Army	30	..	..	12	628	1,025
Ft. Robinson, 613—Dawes								
Station Hospital	Gen	Army	25	..	..	1	121	.....
Fremont, 11,407—Dodge								
Evangelical Lutheran Good Samaritan Hospital	Gen	Chrch	25	6	..	8	New	.....
Military Avenue Hospital...	Gen	Indiv	22	6	50	7	361	.....
Friend, 1,214—Saline								
Lutheran Good Samaritan Warren Memorial Hosp..	Gen	Indep	17	4	10	5	60	.....
Genoa, 1,089—Nance								
Genoa Hospital	Gen	Indiv	10	4	21	2	98	.....
Grand Island, 18,041—Hall								
St. Francis Hospital★◇.....	Gen	Chrch	110	10	108	43	1,333	.....
Hartington, 1,568—Cedar								
St. John's Hospital.....	Gen	Indiv	16	..	..	15	...	.....
Hastings, 15,490—Adams								
Mary Lanning Memorial Hospital◇	Gen	Indep	85	15	188	52	1,767	.....
Imperial, 946—Chase								
Imperial Community Hosp.	Gen	Indep	12	4	13	3	125	.....
Ingleside, 30—Adams								
Hastings State Hospital...	Ment	State	1,536	..	..	1,514	574	.....
Kearney, 8,575—Buffalo								
Good Samaritan Hospital..	Gen	Chrch	60	10	78	18	722	.....
Hospital for the Tuberculous	TB	State	160	..	..	154	131	.....
Kimball, 1,711—Kimball								
Kimball Hospital	Gen	Indiv	12	6	31	7	296	.....
Lincoln, 75,933—Lancaster								
Bryan Memorial Hospital◇.	Gen	Chrch	86	14	127	54	1,399	.....
Green Gables, Dr. Benj. F. Bailey Sanatorium◇	Gen	Indep	115	4	26	64	718	.....
Lincoln General Hospital★◇	Gen	Indep	165	25	431	89	2,821	187
Lincoln State Hospital.....	Ment	State	1,200	..	..	1,193	216	.....
Nebraska Orthopedic Hosp.	Orth	State	110	..	..	90	393	.....
St. Elizabeth's Hosp.★◇....	Gen	Chrch	175	25	236	75	2,753	.....
Veterans Admin. Facility..	Gen	Vet	197	..	..	152	1,378	1,611
Lynch, 498—Boyd								
Sacred Heart Hospital.....	Gen	Chrch	25	3	11	3	118	.....
McCook, 6,688—Redwillow								
St. Catherine of Sienna Hospital	Gen	Chrch	65	10	50	19	563	.....
Minden, 1,716—Kearney								
Seeley Hospital	Gen	Indiv	21	8	35	7	238	.....
Nebraska City, 7,230—Otoe								
St. Mary's Hospital.....	Gen	Chrch	35	10	152	17	956	.....
Norfolk, 10,717—Madison								
Norfolk State Hospital✦...	Ment	State	1,045	..	..	965	182	.....
Verges Sanitarium	Gen	Indiv	30	2	..	..	...	.....
North Platte, 12,061—Lincoln								
Redfield-Dent Hospital	Gen	Indiv	22	3	16	10	253	.....
Wurtele Hospital	Gen	Indiv	12	3	31	4	212	.....
Oakland, 1,433—Burt								
Oakland Community Hosp.	Gen	Indiv	12	3	30	4	134	.....
Omaha, 214,006—Douglas								
Bishop Clarkson Memorial Hospital★◇	Gen	Chrch	100	8	134	73	1,896	.....
Creighton Memorial, St. Joseph's Hospital★◇	Gen	Chrch	400	33	515	212	5,698	.....
Douglas County Hospital★	Gen	Co	410	8	96	266	2,425	1,092
Evangelical Covenant Hospital★◇	Gen	Chrch	113	12	187	59	1,692	381
Immanuel Deaconess Institute★◇	Gen	Chrch	125	14	269	74	3,076	.....
Lord Lister Hospital◇.....	Gen	Indiv	100	10	112	49	1,816	229
Lutheran Hospital	Gen	Chrch	100	10	182	39	1,356	.....
Lutheran Psychiatric Hosp.	(Included in Lutheran Hospital)							
Nebraska Methodist Episcopal Hospital★◇	Gen	Chrch	174	25	414	101	3,520	.....
St. Catherine's Hospital★◇	Gen	Chrch	152	25	306	80	3,240	.....
South Side General Hosp..	Gen	Indiv	25	..	..	5	...	.....
Station Hospital	Gen	Army	20	..	..	5	1,670	3,110
University of Nebraska Hospital★✦◇	Gen	State	237	20	589	181	4,015	7,838
Ord, 2,226—Valley								
Ord Hospital	Gen	Indiv	15	2	11	5	158	.....
Oxford, 1,155—Furnas								
Oxford General Hospital...	Gen	Indep	14	5	12	5	221	.....
Pawnee City, 1,573—Pawnee								
Pawnee Hospital	Gen	Indiv	26	4	..	12	485	.....

Key to symbols and abbreviations is on page 1021

NEBRASKA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Schuyler, 2,588—Colfax								
Kolouch Hospital	Surg	Indiv	15	3	..	..	...	.....
Scottsbluff, 8,465—Scotts Bluff								
West Nebraska Methodist Episcopal Hospital◇	Gen	Chrch	60	10	112	33	1,440	12
Seward, 2,737—Seward								
Morrow Hospital	Gen	Part	20	5	18	7	288	.....
Seward Hospital	Gen	Indiv	15	6	30	2	102	.....
Sidney, 3,306—Cheyenne								
Taylor Hospital	Gen	Indiv	20	5	30	8	251	.....
Spencer, 653—Boyd								
Spencer Hospital	Gen	Part	10	1	..	4	175	.....
Stratton, 663—Hitchcock								
Dr. Stewart's Private Hosp.	Gen	Indiv	14	4	..	7	...	.....
Stuart, 763—Holt								
Wilson Hospital	Gen	Indiv	20	3	..	10	408	.....
Sutton, 1,540—Clay								
Sutton Hospital	Gen	Indiv	12	2	..	3	90	.....
Tekamah, 1,804—Burt								
Tekamah General Hospital	Gen	Indiv	12	3	13	2	76	.....
Tilden, 1,106—Madison								
Tilden Hospital	Gen	Indiv	10	2	9	2	81	.....
Valentine, 1,672—Cherry								
Cherry County Hospital	Gen	Indiv	10	3	..	6	243	.....
Walthill, 1,162—Thurston								
Dr. Picotte Memorial Hosp.	Gen	Part	14	4	6	1	63	.....
Winnebago, 653—Thurston								
Winnebago Indian Hospital	Gen	I A	50	7	58	31	1,159	2,761
York, 5,712—York								
Lutheran Hospital◇	Gen	Chrch	50	6	60	14	578	.....
York Clinic and Clinic Hosp.	Gen	Part	12	4	2	2	84	.....
Related Institutions								
Atkinson, 1,144—Holt								
Atkinson General Hospital.	Gen	Indiv	9	4	7	2	64	.....
Axtell, 328—Kearney								
Bethphage Inner Mission	MeDe	Chrch	160	..	..	155	...	.....
Beatrice, 10,297—Gage								
Nebraska Institution for Feebleminded	MeDe	State	1,224	..	..	1,129	172	.....
Beemer, 571—Cuming								
Beemer Hospital	Gen	Indiv	10	2	2	1	29	.....
Dalton, 453—Cheyenne								
Pioneer Memorial Hospital	Gen	Indiv	10	3	12	3	940	.....
Farnam, 394—Dawson								
Reeves Memorial Hospital	Gen	Indiv	6	2	..	3	116	.....
Genoa, 1,089—Nance								
Emergency Hospital	Gen	Part	6	3	5	1	46	.....
Grand Island, 18,041—Hall								
Nebraska Soldiers and Sailors Home, Pershing Hosp.	Inst	State	116	..	..	80	...	.....
Kearney, 8,575—Buffalo								
State Industrial School for Boys	Inst	State	10	..	..	1	24	.....
Kimball, 1,711—Kimball								
Mockett and Everett Hosp.	Gen	Part	11	4	25	3	188	.....
Lexington, 2,962—Dawson								
City General Hospital	Gen	Part	10	3	45	2	147	.....
Lincoln, 75,933—Lancaster								
Isolation Hospital	Iso	City	20	..	..	..	4	.....
Nebraska State Penitentiary Hospital	Inst	State	20	..	..	8	304	.....
Milford, 832—Seward								
Nebraska Industrial Home	Inst	State	14	11	52	5	78	.....
Nebraska Soldiers and Sailors Home Hospital	Inst	State	48	..	..	40	100	.....
Odell, 472—Gage								
Odell General Hospital	Gen	Indiv	9	3	15	5	179	.....
Omaha, 214,006—Douglas								
Frederick Hospital	Gen	Indiv	8	6	..	1	...	.....
Salvation Army Womens Home and Hospital	Mat	Chrch	70	16	91	27	115	.....
Women's Detention Hosp.	Ven	City	21	..	..	10	...	.....
Orchard, 505—Antelope								
Orchard Hospital	Gen	Indiv	7	3	3	1	85	.....
Palmer, 588—Merrick								
Coolidge Hosp. and Sanat.	Gen	Indep	10	2	..	3	46	.....
Plainview, 1,216—Pierce								
Plainview General Hospital	Gen	Indep	5	4	25	1	206	.....
Plattsmouth, 3,793—Cass								
Nebraska Masonic Home	Inst	Frat	45	..	..	45	...	.....
Sutherland, 753—Lincoln								
Russell Hospital	Gen	Indiv	10	4	18	2	119	.....
Table Rock, 673—Pawnee								
McCrea Private Hospital	Gen	Indiv	10	2	10	1	13	.....
Wahoo, 2,689—Saunders								
Community Hospital	Gen	Indiv	20	6	55	6	391	.....
Wayne, 2,381—Wayne								
Benthack Hospital	Gen	Indiv	6	2	..	3	350	.....
Westpoint, 2,225—Cuming								
St. Joseph Home for Aged and Hospital	Inst	Chrch	16	1	15	5	210	.....

Summary for Nebraska:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	76	8,306	6,102	60,202
Related institutions	28	1,909	1,543	3,951
Totals	104	10,215	7,645	64,153
Refused registration	25	534		

NEVADA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Austin, 1,000—Lander								
Lander County Hospital	Gen	Co	10	1	1	5	29	.....
Boulder City, 5,000—Clark								
Six Companies, Inc. Hosp.	Indus	Indus	60	..	..	36	1,085	.....
East Ely, 1,507—White Pine								
Steptoe Valley Hospital	Gen	Indus	45	7	34	16	247	.....
Elko, 3,217—Elko								
Elko General Hospital	Gen	Co	48	4	50	17	435	.....
Ely, 3,045—White Pine								
White Pine County and General Hospital	Gen	Co	50	4	33	21	480	.....
Hawthorne, 328—Mineral								
Mineral County Hospital	Gen	Co	14	1	..	2	...	.....
Las Vegas, 5,165—Clark								
Las Vegas Hospital	Gen	Indep	40	6	79	20	702	.....
Reno, 18,529—Washoe								
Nevada State Hospital for Mental Diseases	Ment	State	325	..	..	318	88	.....
St. Mary's Hospital	Gen	Chrch	52	12	105	30	1,273	.....
Washoe General Hospital	Gen	Co	100	35	..	..	...	.....
Schurz, 75—Mineral								
Walker River Indian Hosp.	Gen	I A	28	3	13	14	280	1,985
Stewart, 412—Ormsby								
Carson Indian Hospital	Gen	I A	28	..	..	23	...	.....
Tonopah, 4,144—Nye								
Tonopah Mines Hospital	Gen	Indus	20	2	21	15	157	1,071
Winnemucca, 1,989—Humboldt								
Humboldt County General Hospital	Gen	Co	33	3	..	18	...	.....
Related Institutions								
Battle Mountain, 1,120—Lander								
Battle Mountain General Hospital	Gen	Co	8	2	..	2	...	.....
Eureka, 952—Eureka								
Eureka County Hospital	Gen	Co	9	..	..	4	...	.....
Pioche, 515—Lincoln								
Pioche Hospital	Indus	Indiv	8	..	..	..	...	.....
Stewart, 412—Ormsby								
Carson Indian School Hosp.	Inst	I A	39	..	..	16	...	.....
Yerington, 1,005—Lyon								
Lyon County Hospital	Gen	Co	16	..	1	10	62	.....

Summary for Nevada:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	14	848	668	6,444
Related institutions	5	80	32	541
Totals	19	928	700	6,985
Refused registration	1	16		

NEW HAMPSHIRE

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Berlin, 20,018—Coos								
St. Louis Hospital◇	Gen	Chrch	75	10	76	39	1,209	2,367
Claremont, 12,377—Sullivan								
Claremont General Hosp.◇	Gen	Indep	59	10	89	24	645	523
Concord, 25,228—Merrimack								
Margaret Pillsbury General Hospital◇	Gen	Indep	90	18	224	44	1,383	199
New Hampshire Mem. Hosp.◇	Gen	Indep	44	11	140	28	623	213
New Hampshire State Hosp.◎	Ment	State	1,850	..	..	1,835	480	.....
Dover, 13,573—Strafford								
Hayes Hospital	Gen	Indep	25	7	86	14	535	.....
Wentworth Hospital◇	Gen	City	69	15	121	34	946	.....
Exeter, 4,872—Rockingham								
Exeter Hospital◇	Gen	Indep	40	12	141	21	662	199
Franklin, 6,576—Merrimack								
Franklin Hospital◇	Gen	Indep	37	5	41	14	328	.....
Glencliff, 55—Grafton								
New Hampshire State Sanat. for the Treatment of Tuberculosis	TB	State	110	..	..	92	55	.....
Grasmere, 200—Hillsboro								
Hillsborough County General Hospital◇	Gen	Co	115	19	121	113	1,298	750
Hanover, 3,043—Grafton								
Mary Hitchcock Memorial Hospital*◇	Gen	Indep	128	14	146	73	2,380	2,061
Keene, 13,794—Cheshire								
Elliot Community Hosp.◇	Gen	Indep	72	12	194	42	1,354	440
Laconia, 12,471—Belknap								
Laconia Hospital◇	Gen	Indep	54	14	197	45	1,608	1,088
Lancaster, 2,887—Coos								
Lancaster Hospital	Gen	City	15	5	24	8	269	.....
Littleton, 4,558—Grafton								
Littleton Hospital◇	Gen	Indep	50	10	64	16	454	87
Manchester, 76,834—Hillsboro								
Balch Hosp. for Children	Chil	City	30	..	..	16	305	67
Elliot Hospital◇	Gen	Indep	107	32	212	55	2,240	1,225
Hopital Notre-Dame De Lourdes◇	Gen	Chrch	86	15	130	57	1,287	545
Lucy Hastings Hospital◇	Gen	Indep	25	6	..	15	334	.....

Key to symbols and abbreviations is on page 1021

NEW HAMPSHIRE—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Our Lady of Perpetual Help Hospital	Mat	Chrch	22	16	224	8	221	.....
Sacred Heart Hospital◇	Gen	Chrch	60	6	30	53	1,265	.....
Nashua, 31,463—Hillsboro								
Nashua Memorial Hospital◇	Gen	Indep	77	16	178	49	1,497	1,113
St. Joseph's Hospital◇	Gen	Chrch	87	17	171	45	1,542	276
New London, 812—Merrimack								
New London Hospital	Gen	Indep	11	4	37	4	109	96
Newport, 4,659—Sullivan								
Carrie F. Wright Memorial Hospital	Gen	Indep	20	3	55	7	285	.....
North Conway, 925—Carroll								
Memorial Hospital	Gen	Indep	25	6	62	14	421	481
Pembroke, 50—Merrimack								
Pembroke Sanatorium	TB	Indep	100	..	..	85	100	.....
Peterboro, 2,521—Hillsboro								
Peterboro Hospital	Gen	Indep	21	7	61	11	399	400
Plymouth, 2,470—Grafton								
Emily Balch and Soldiers and Sailors Memorial Hosp.	Gen	Indep	30	3	17	10	472	.....
Portsmouth, 14,495—Rockingham								
Portsmouth Hospital◇	Gen	Indep	64	16	228	31	1,269	.....
U. S. Naval Hospital	Gen	Navy	150	..	..	137	1,245	.....
Rochester, 10,209—Strafford								
Frisbie Memorial Hospital.	Gen	Indep	27	8	107	21	902	.....
Whitefield, 1,693—Coos								
Morrison Hospital⊙	Gen	Indep	50	9	58	20	900	130
Wolfeboro, 2,358—Carroll								
Huggins Hospital	Gen	Indep	29	6	41	17	602	200
Woodsville, 1,275—Grafton								
Cottage Hospital	Gen	Indep	25	8	73	14	439	175
Related Institutions								
Concord, 25,228—Merrimack								
Armour Memorial Infirmary	Inst	Indep	65	..	..	2	576	.....
Epping, 1,672—Rockingham								
Rockingham County Hosp.	Inst	Co	50	2	7	50	60	.....
Exeter, 4,872—Rockingham								
Lamont Infirmary	Inst	Indep	53	..	..	8	440	.....
Haverhill, 3,665—Grafton								
Grafton County Hospital..	Inst	Co	26	4	23	28	217	.....
Laconia, 12,471—Belknap								
Laconia State School	MeDe	State	550	..	..	557	38	.....
Lincoln, 1,548—Grafton								
Lincoln Hospital	Indus	Indus	8	..	2	1	30	.....
Manchester, 76,834—Hillsboro								
Manchester Isolation Hosp.	Iso	City	67	..	..	19	293	.....
Portsmouth, 14,495—Rockingham								
Mark H. Wentworth Home for Chronic Invalids	Inc	Indep	43	..	..	41	...	.....
Tilton, 1,712—Belknap								
New Hampshire Soldiers Home	Inst	State	28	..	..	4	28	.....

Summary for New Hampshire:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	36	3,845	3,110	29,915
Related institutions	9	890	710	1,682
Totals	45	4,735	3,820	31,597
Refused registration	1	25		

NEW JERSEY

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Allenwood, 166—Monmouth								
Allenwood Sanat. and Monmouth County Hospital.	TB	Co	90	..	..	87	124	.....
Atlantic City, 66,198—Atlantic								
Atlantic City Hospital★◇..	Gen	Indep	271	45	932	174	5,141	17,648
Children's Seashore House.	Orth	Indep	375	..	..	145	640	40
Bayonne, 88,979—Hudson								
Bayonne Hospital and Dispensary★✚◇	Gen	Indep	200	30	313	131	3,875	13,849
Swiney Sanitarium	Gen	Indiv	20	6	41	4	183	.....
Belle Mead, 51—Somerset								
Belle Mead Sanatorium and Farm	N&M	Indiv	75	..	..	33	75	.....
Belleville, 26,974—Essex								
Essex County Hospital for Contagious Diseases✚⊙ ..	Iso	Co	550	..	..	177	2,701	.....
Boundbrook, 7,372—Somerset								
Boundbrook Hospital	Gen	Indep	30	8	48	18	723	1,890
Bridgeton, 15,699—Cumberland								
Bridgeton Hospital◇	Gen	Indep	85	16	163	47	1,090	.....
Browns Mills, 313—Burlington								
Deborah Tuberculosis Sanat.	TB	Indep	44	..	..	34	105	.....
Camden, 118,700—Camden								
Bellevue Private Hospital..	Gen	Indiv	25	12	118	10	329	.....
Cooper Hospital★◇	Gen	Indep	291	54	1,253	221	6,078	44,087
West Jersey Homeopathic Hospital★◇	Gen	Indep	237	30	763	139	3,656	43,242
Cedar Grove, 3,000—Essex								
Essex County Hospital◇...	Ment	Co	2,427	..	..	2,299	540	532

NEW JERSEY—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Dover, 10,031—Morris								
Dover General Hospital	Gen	Indep	71	16	253	49	1,298	1,591
Dumont, 2,861—Bergen								
Dumont Private Hospital.	Gen	Indiv	12	5	29	4	138	.....
East Orange, 68,020—Essex								
Homeopathic Hospital of Essex County★◇	Gen	Indep	95	25	521	65	2,287	2,462
Elizabeth, 114,589—Union								
Alexian Brothers Hospital★	Gen	Chrch	176	..	..	131	1,942	7,068
Elizabeth General Hospital and Dispensary★◇	Gen	Indep	196	30	731	162	5,442	7,760
St. Elizabeth Hospital★◇...	Gen	Chrch	250	42	768	186	4,314	10,825
Englewood, 17,805—Bergen								
Englewood Hospital★◇	Gen	Indep	177	35	746	127	4,091	7,753
Ft. Hancock,—Monmouth								
Station Hospital	Gen	Army	65	..	..	13	330	.....
Franklin, 4,176—Sussex								
Franklin Hospital	Gen	Indus	30	7	52	12	432	1,466
Freehold, 6,894—Monmouth								
Freehold Hospital	Gen	Indiv	14	6	33	8	185	.....
Glen Gardner, 554—Hunterdon								
New Jersey Sanatorium✚...	TB	State	492	..	..	490	120	600
Grenloch, 255—Camden								
Camden County Hospital for Mental Diseases	Ment	Co	458	..	..	491	146	.....
Lakeland Sanatorium⊙	TB	Co	240	..	..	225	406	.....
Greystone Park,—Morris								
New Jersey State Hospital◇	Ment	State	4,450	..	..	4,151	1,441	1,089
Hackensack, 24,568—Bergen								
Hackensack Hospital★◇....	Gen	Indep	225	47	925	185	6,627	7,755
Hoboken, 59,261—Hudson								
St. Mary Hospital★◇.....	Gen	Chrch	430	30	305	236	4,699	18,047
Irvington, 56,733—Essex								
Irvington General Hospital	Gen	City	79	17	322	61	1,826	2,199
Jersey City, 316,715—Hudson								
Christ Hospital★◇	Gen	Chrch	184	22	292	110	2,977	4,203
Fairmount Surgical Sanat..	Gen	Indep	66	12	247	35	1,400	.....
Greenville Hospital◇	Gen	Indep	60	16	74	46	1,440	2,218
Hilltop Sanitarium	Gen	Part	22	12	..	9	...	.....
Jersey City Hospital★✚◇...	Gen	City	900	..	..	724	15,692	74,053
Margaret Hague Maternity Hospital✚⊙	Mat	Co	272	284	4,751	171	5,705	14,327
St. Francis' Hospital★◇....	Gen	Chrch	219	6	123	148	3,734	11,244
Kearny (Arlington P.O.), 40,716—Hudson								
West Hudson Hospital.....	Gen	Indep	52	14	205	30	1,378	.....
Lakewood, 8,000—Ocean								
Paul Kimball Hospital.....	Gen	Indep	64	11	135	30	1,055	363
Long Branch, 18,399—Monmouth								
Dr. E. C. Hazard Hospital	Gen	Indep	95	30	251	69	2,649	1,888
Monmouth Memorial Hospital★◇	Gen	Indep	185	30	440	124	4,020	4,000
Lyons,—Somerset								
Veterans Admin. Facility..	Ment	Vet	895	..	..	885	877	6,386
Marlboro, 410—Monmouth								
New Jersey State Hospital.	Ment	State	1,700	..	..	1,235	996	813
Midland Park, 3,638—Bergen								
Christian Sanatorium	N&M	Indep	120	..	..	115	148	125
Millville, 14,705—Cumberland								
Millville Hospital	Gen	Indep	40	5	..	25	...	.....
Montclair, 42,017—Essex								
Montclair Community Hosp.	Gen	Indep	61	23	223	23	878	801
Mountainside Hospital★◇ ..	Gen	Indep	294	53	643	150	5,228	11,951
St. Vincent's Hospital.....	Gen	Chrch	46	13	209	30	927	401
Morristown, 15,197—Morris								
All Souls Hospital◇.....	Gen	Chrch	134	25	286	65	1,624	647
Morristown Memorial Hospital★◇	Gen	Indep	140	20	270	83	2,432	2,124
Shonghum Sanatorium	TB	Co	52	..	..	52	48	.....
Mt. Holly, 5,762—Burlington								
Burlington County Hosp.◇.	Gen	Co	116	19	371	99	2,760	6,132
Neptune, 2,258—Monmouth								
Fitkin Memorial Hosp.★◇.	Gen	Indep	146	27	360	93	2,915	10,751
Newark, 442,337—Essex								
Babies Hospital⊙	Chil	Indep	60	..	..	35	887	5,427
Hospital and Home for Crippled Children⊙	Orth	Indep	110	..	..	71	332	1,236
Hospital of St. Barnabas and for Women and Children★◇	Gen	Chrch	220	46	709	159	5,458	9,068
Kenney Memorial Hospital (col.)	Gen	Indiv	26	4	19	7	197	93
Lincoln Hospital	Gen	Indep	50	20	162	22	821	.....
Newark Beth Israel Hosp.★✚◇	Gen	Indep	318	96	1,697	266	8,490	8,888
Newark City Hospital★✚◇...	Gen	City	600	100	2,110	629	18,708	.....
Newark Eye and Ear Infirmary✚	ENT	Indep	64	..	..	38	2,265	8,521
Newark Memorial Hosp.★◇	Gen	Indep	127	30	440	73	1,798	5,467
Presbyterian Hospital★◇ ...	Gen	Chrch	212	53	854	146	5,289	3,859
St. James Hospital★◇.....	Gen	Chrch	107	18	326	76	1,996	4,478
St. Michael's Hospital★◇...	Gen	Chrch	300	..	..	168	4,122	8,314
Dr. Wright's Sanitarium and Maternity Home (col.)...	Gen	Indiv	18	5	..	..	...	.....
New Brunswick, 34,555—Middlesex								
Middlesex General Hosp.◇.	Gen	Indep	92	18	258	63	1,531	7,892
St. Peter's General Hosp.★◇	Gen	Chrch	164	33	459	103	3,521	8,875
New Lisbon, 131—Burlington								
Fairview Sanatorium	TB	Co	125	..	..	123	95	.....
Newton, 5,401—Sussex								
Newton Memorial Hospital	Gen	Indep	43	7	69	16	540	18

Key to symbols and abbreviations is on page 1021

NEW JERSEY—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Northfield, 2,804—Atlantic								
Atlantic County Hospital for Mental Diseases	Ment	Co	400	..	..	266	159	306
Atlantic County Hospital for Tuberculous Diseases	TB	Co	50	..	..	49	75	87
Oceanport, 1,872—Monmouth								
Station Hospital	Gen	Army	60	..	..	19	574	2,550
Orange, 35,399—Essex								
New Jersey Orthopaedic Hosp. and Dispensary✚	Orth	Indep	36	..	..	27	332	5,871
Orange Memorial Hosp.★◇	Gen	Indep	313	75	1,114	187	6,088	11,640
St. Mary's Hospital◇	Gen	Chrch	100	50	514	87	1,799	3,131
Passaic, 62,959—Passaic								
Beth Israel Hospital	Gen	Indep	75	21	165	20	879	975
Passaic General Hosp.★◇	Gen	Indep	200	25	648	124	4,145	18,394
St. Mary's Hospital★◇	Gen	Chrch	189	36	510	114	2,867	5,206
Paterson, 138,513—Passaic								
Nathan and Miriam Barnert Memorial Hospital★◇	Gen	Indep	101	16	400	82	2,254	3,862
Paterson General Hosp.★◇	Gen	Indep	282	44	758	184	5,142	5,891
Riverlawn Sanatorium	N&M	Indep	60	..	..	15	59	.....
St. Joseph's Hospital★◇	Gen	Chrch	411	47	855	250	5,714	9,844
Valley View Sanatorium	TB	Co	225	..	..	213	236	2,609
Perth Amboy, 43,516—Middlesex								
Perth Amboy General Hosp.◇	Gen	Indep	136	18	359	97	2,683	.....
Phillipsburg, 19,255—Warren								
Warren Hospital	Gen	Indep	65	10	117	35	1,113	1,019
Plainfield, 34,422—Union								
Muhlenberg Hospital★◇	Gen	Indep	240	35	825	158	4,476	6,436
Point Pleasant, 2,058—Ocean								
Point Pleasant Hospital	Gen	Indep	22	4	62	10	431	.....
Princeton, 6,992—Mercer								
Princeton Hospital	Gen	Indep	57	12	115	29	1,105	1,653
Rahway, 16,011—Union								
Rahway Memorial Hospital	Gen	Indep	100	20	191	42	1,496	.....
Red Bank, 11,622—Monmouth								
Riverview Hospital	Gen	Indep	29	10	113	19	613	606
Ridgewood, 12,188—Bergen								
"Bergen Pines" Bergen County Hospital	TbIs	Co	400	..	..	250	786	4,046
Riverside, 4,010—Burlington								
Zurbrugg Memorial Hosp.	Gen	Indep	12	5	34	4	144	366
Salem, 8,047—Salem								
Salem County Mem. Hosp.	Gen	Indep	36	9	183	20	907	889
Scotch Plains, 1,010—Union								
Bonnie Burn Sanatorium	TB	Co	391	..	..	360	556	.....
Secaucus, 8,950—Hudson								
Hudson County Hospital	Gen	Co	242	22	..	229	756	.....
Hudson County Hospital for Insane	Ment	Co	1,435	..	..	1,319	315	.....
Hudson County Tuberculosis Hosp. and Sanatorium	TB	Co	290	..	..	210	290	.....
Skillman, 23—Somerset								
New Jersey State Village for Epileptics✚	Epil	State	1,054	..	..	1,268	239	.....
Somers Point, 2,073—Atlantic								
Atlantic Shores Hospital	Gen	Indep	72	12	136	26	1,014	834
Somerville, 8,255—Somerset								
Somerset Hospital◇	Gen	Indep	76	16	299	57	3,153	4,789
South Amboy, 8,476—Middlesex								
South Amboy Mem. Hosp.	Gen	Indep	35	6	..	14	...	.....
Summit, 14,556—Union								
Fair Oaks Sanatorium	Nerv	Indep	44	..	..	26	123	.....
Overlook Hospital◇	Gen	Indep	112	31	344	63	2,191	1,850
Sussex, 1,415—Sussex								
Alexander Linn Hospital	Gen	City	22	5	..	9	...	.....
Teaneck, 3,260—Bergen								
Holy Name Hospital★◇	Gen	Chrch	179	41	625	105	3,068	2,670
Trenton, 123,356—Mercer								
Chambersburg General Hospital	Gen	Indep	27	8	88	14	456	895
Charles Private Hospital	N&M	Indiv	45	..	..	22	220	.....
Mercer Hospital★◇	Gen	Indep	213	37	831	117	4,122	6,409
New Jersey State Hospital	Ment	State	2,700	..	..	2,650	981	376
Orthopaedic Hospital and Dispensary	Orth	Indep	50	..	..	35	225	399
St. Francis Hospital★◇	Gen	Chrch	282	32	475	173	4,760	9,413
Trenton Municipal Hosp.◎	Iso	City	414	..	..	251	456	.....
William McKinley Memorial Hospital★◇	Gen	Indep	116	30	388	90	2,896	4,483
Union City, 58,659—Hudson								
Hamilton Sanitarium	Gen	Indep	28	15	97	8	375	.....
Verona, 7,161—Essex								
Essex Mountain Sanat.✚	TB	Co	415	..	..	275	458	.....
Vineland, 7,556—Cumberland								
Newcomb Hospital	Gen	Indep	100	20	..	43	1,223	.....
Wechawken, 14,807—Hudson								
North Hudson Hospital★	Gen	Indep	140	25	224	78	2,290	8,836
Woodbury, 8,172—Gloucester								
Brewer Hospital	Gen	Part	12	5	52	7	168	.....
Underwood Hospital	Gen	Indep	45	20	189	27	1,386	.....
Related Institutions								
Atlantic City, 66,198—Atlantic								
Dr. Leonard's Private Sanit.	Drug	Indiv	25	..	..	14	87	.....
Municipal Hospital	Iso	City	65	..	..	..	50	.....
Bridgeton, 15,699—Cumberland								
Cumberland County Hospital for Insane	Ment	Co	212	..	..	194	45	.....

NEW JERSEY—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Ivy Hall Sanitarium	N&M	Indiv	28	..	..	25	...	.....
Ivy Manor	Conv	Indiv	25	..	..	12	...	.....
Browns Mills, 313—Burlington								
Twin Maples Nursing Cottage	TB	Indiv	22	..	..	20	32	.....
Burlington, 10,844—Burlington								
Masonic Home	Inst	Frat	35	..	..	30	375	.....
Caldwell, 5,144—Essex								
Theresa Grotta Home for Convalescents	Conv	Indep	42	..	..	28	325	.....
Camden, 118,700—Camden								
Municipal Hospital for Contagious Diseases	Iso	City	100	..	..	47	738	.....
Chatsworth, 962—Burlington								
The Pines Sanatorium	TB	Indiv	30	..	..	8	...	.....
Farmingdale, 629—Monmouth								
Tuberculosis Preventorium for Children	TB	Indep	247	..	..	180	613	.....
Grenloch, 255—Camden								
Camden County Gen. Hosp.	Inst	Co	120	..	..	112	366	.....
Haddonfield, 8,857—Camden								
Bancroft School	MeDe	Indep	100	..	..	92	19	.....
Jamesburg, 2,048—Middlesex								
New Jersey State Home for Boys	Inst	State	18	..	..	11	975	.....
Jersey City, 316,715—Hudson								
Jersey Eye, Ear, Nose and Throat Hospital	ENT	Indiv	10	..	..	6	...	.....
Salvation Army Door-of-Hope Home and Hospital	Mat	Chrch	9	9	35	5	47	.....
Lakewood, 8,000—Ocean								
Lakewood Sanatorium	N&M	Indiv	15	..	..	9	3	.....
Longport, 228—Atlantic								
Betty Bacharach Home for Afflicted Children	Orth	Frat	125	..	..	26	42	10
Menlo Park, 355—Middlesex								
New Jersey Home for Disabled Soldiers	Inst	State	100	..	..	87	147	.....
Morristown, 15,197—Morris								
Aurora Health Institute	Conv	Indep	75	..	..	34	374	.....
Newark, 442,337—Essex								
Home for Incurables and Convalescents	Inc	Indep.	80	..	..	55	25	.....
Newark City Almshouse	Inst	City	37	..	..	31	247	.....
Newark Convalescent Hosp.	Conv	City	153	..	..	153	287	.....
New Brunswick, 34,555—Middlesex								
Francis E. Parker Memorial Home	Inc	Indiv	30	..	..	28	8	.....
Newfoundland, 564—Morris								
Idylease Sanatorium	TB	Indep	50	..	..	25	57	.....
New Lisbon, 131—Burlington								
Burlington County Hospital for the Insane	Ment	Co	273	..	..	248	69	.....
State Colony for Feebleminded Males	MeDe	State	750	..	..	750	121	.....
Northfield, 2,804—Atlantic								
Atlantic County Gen. Hosp.	Inst	Co	135	..	..	50	35	.....
North Wildwood (Wildwood P.O.), 2,049—Cape May								
Margaret Mace's Hospital	Gen	Indiv	36	10	..	20	70	.....
Ocean City, 5,525—Cape May								
Ocean City Seashore Home for Babies	Chil	Indep	40	..	..	15	26	.....
Ocean Grove, 3,050—Monmouth								
Methodist Episcopal Home for Aged	Inst	Chrch	10	..	..	10	39	.....
Passaic, 62,959—Passaic								
Passaic Municipal Hospital	Iso	City	25	2	..	4	117	.....
Paterson, 138,513—Passaic								
Paterson City Hospital	TbIs	City	110	..	..	80	301	.....
Princeton, 6,992—Mercer								
Isabella McCosh Infirmary	Inst	Indep	55	..	..	15	1,466	.....
Rahway, 16,011—Union								
New Jersey Reformatory Hospital	Inst	State	16	..	..	6	368	.....
Roseland, 1,058—Essex								
Mountain View Rest	N&M	Indep	22	..	..	16	62	.....
Sea Isle City, 850—Cape May								
Sea Isle Hospital and Training School	N&M	Indep	31	..	..	15	70	.....
Secaucus, 8,950—Hudson								
Hudson County Smallpox Hospital	Iso	Co	50	..	..	..	...	.....
Summit, 14,556—Union								
Fair View Sanitarium	N&M	Indiv	20	..	..	10	10	.....
Teaneck, 3,260—Bergen								
"Bright Side" Sanitarium	Inc	Indiv	20	..	..	..	...	.....
Totowa (Little Falls P.O.), 4,600—Passaic								
State Training School	MeDe	State	550	..	..	516	122	.....
Trenton, 123,356—Mercer								
New Jersey State Prison Hospital	Inst	State	42	..	..	34	708	.....
State Home for Girls	Inst	State	50	3	25	31	...	.....
Upper Montclair,—Essex								
Montclair Sanitarium	Gen	Part	10	..	..	6	44	.....
Vineland, 7,556—Cumberland								
Maplehurst School	MeDe	Indiv	20	..	..	17	4	.....
New Jersey Memorial Home for Disabled Soldiers, Sailors, Marines and their Wives and Widows	Inst	State	65	..	..	38	262	.....

Key to symbols and abbreviations is on page 1021

NEW JERSEY—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Training School at Vineland	MeDe	Indep	535	..	..	513	...	.....
Vineland State School	MeDe	State	1,325	..	..	1,231	119	.....
West Englewood, 2,207—Bergen								
Englewood Sanitarium (Lynwood Lodge)	N&M	Indep	40	..	..	21	19	.....
Woodbine, 2,164—Cape May								
Woodbine Colony for Feebleminded Males	MeDe	State	550	..	..	537	89	.....

Summary for New Jersey:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	123	32,850	26,280	253,305
Related institutions	51	6,380	5,379	12,775
Totals	174	39,230	31,659	266,080
Refused registration	6	129		

NEW MEXICO

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Albuquerque, 26,570—Bernalillo								
A. T. & S. F. Hospital	Indus	Indus	70	..	..	25	314	3,526
Children's Home and Hosp.	Orth	Indep	20	10	..	12	150	.....
Hillcrest Sanatorium	TB	Indiv	85	..	..	62	115	.....
Methodist Deaconess Sanat.	TB	Chrch	65	..	..	52	84	.....
St. Joseph Sanatorium and Hospital◇	G&TB	Chrch	200	12	221	91	1,861	.....
Southwestern Presbyterian Sanatorium	G&TB	Chrch	150	6	85	70	979	.....
U. S. Indian School Hosp.	Gen	I A	74	4	..	46	1,342	.....
Veterans Admin. Facility	Gen	Vet	259	..	..	159	1,176	15,967
Black Rock (Zuni P.O.),—McKinley								
Zuni Sanatorium	G&TB	I A	80	..	..	75	...	2,600
Carlsbad, 3,708—Eddy								
St. Francis Hospital	Gen	Chrch	35	5	40	14	464	.....
Clayton, 2,518—Union								
St. Joseph Hospital	Gen	Chrch	24	5	35	5	2,239	.....
Clovis, 8,027—Curry								
A. T. & S. F. Hospital	Indus	Indus	32	..	..	14	273	697
Baptist Hospital	Gen	Chrch	30	7	28	8	475	100
Crownpoint, 52—McKinley								
Eastern Navajo Agency Hospital	Gen	I A	32	5	..	11	...	.....
Dawson, 2,662—Colfax								
Phelps Dodge Corporation Hospital	Gen	Indus	30	4	15	4	121	1,405
Deming, 3,377—Luna								
Deming Ladies' Hospital	Gen	Indep	24	3	20	4	190	.....
Holy Cross Sanatorium	TB	Chrch	180	..	..	90	67	.....
Dulce, 101—Rio Arriba								
Jicarilla Agency Hospital	Gen	I A	24	5	8	15	184	1,994
Jicarilla Sanatorium	TB	I A	80	..	..	70	15	.....
Farmington, 1,350—San Juan								
San Juan Episcopal Indian Mission Hospital	Gen	Chrch	18	2	3	9	206	738
San Juan Hospital	Gen	Indep	16	3	11	5	101	.....
Ft. Bayard, 509—Grant								
Veterans Admin. Facility	G&TB	Vet	450	..	..	252	461	.....
Ft. Stanton, 218—Lincoln								
U. S. Marine Hospital	TB	USPH	270	..	..	238	115	1,354
Gallup, 5,992—McKinley								
St. Mary's Hospital	Gen	Chrch	65	6	52	23	848	768
Gardiner, 1,000—Colfax								
Gardiner Hospital	Indus	Indus	25	..	..	4	65	1,822
Las Vegas, 4,719—San Miguel								
Las Vegas Hospital (Carpenter Memorial)	Gen	Indep	21	4	42	10	420	.....
New Mexico State Hospital	Ment	State	700	..	..	653	...	.....
St. Anthony's Sanitarium and Hospital	G&TB	Chrch	46	4	..	20	...	.....
Lordsburg, 2,069—Hidalgo								
De Moss Hospital	Gen	Indiv	13	2	..	3	...	.....
Lordsburg Hospital	Gen	Indep	20	4	..	6	...	.....
Mescalero, 175—Otero								
Mescalero Indian Hosp.	G&TB	I A	40	4	14	23	730	3,210
Raton, 6,090—Colfax								
New Mexico Miners Hosp.	Gen	State	31	5	53	10	465	.....
Rehoboth, 170—McKinley								
Rehoboth Mission Hospital	Gen	Chrch	34	6	61	28	488	.....
Roswell, 11,173—Chaves								
St. Mary's Hospital	Gen	Chrch	60	8	123	18	756	.....
Santa Fe, 11,176—Santa Fe								
St. Vincent's Sanatorium and Hospital◇	G&TB	Chrch	85	5	102	31	751	.....
Sunmount Sanatorium	TB	Indep	50	..	..	26	39	.....
U. S. Indian Hospital	Gen	I A	70	6	20	41	945	2,017
Santa Rita, 1,890—Grant								
Nevada Consolidated Copper Company Hospital	Gen	Indus	50	6	75	9	269	2,737
Shiprock, 161—San Juan								
Northern Navajo Hospital	Gen	I A	62	2	..	52	1,072	.....
Silver City, 3,519—Grant								
Grant County Hospital	Gen	Indep	24	5	35	5	372	.....
Toadlena, 27—San Juan								
U. S. Indian Service Hosp.	Gen	I A	21	2	8	10	240	1,400
Valmora—Mora								
Valmora Sanatorium	TB	Indep	75	..	..	35	32	.....

NEW MEXICO—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Alamogordo, 3,096—Otero								
Rousseau Hospital	Gen	Indiv	8	1	7	3	134	.....
Los Lunas, 513—Valencia								
New Mexico Home and Training School for Mental Defectives	MeDe	State	75	..	..	61	22	.....
Santa Fe, 11,176—Santa Fe								
New Mexico Penit. Hosp.	Inst	State	30	..	..	3	129	.....
Springer, 957—Colfax								
Springer Hospital	Gen	Indiv	10	3	14	2	75	.....
Tohatchi, 2,000—McKinley								
Tohatchi General Hospital	Gen	I A	20	4	20	15	400	1,000

Summary for New Mexico:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	40	3,618	2,278	18,617
Related institutions	5	213	125	1,705
Totals	45	3,831	2,403	20,322
Refused registration	0			

NEW YORK

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Albany, 127,412—Albany								
Albany Hospital*+◇	Gen	Indep	500	40	685	354	8,507	8,818
Anthony N. Brady Maternity Hospital⊙	Mat	Chrch	54	60	1,061	40	1,136	450
Child's Hospital	Chil	Chrch	65	..	..	46	382	.....
Memorial Hospital*◇	Gen	Indep	125	15	253	82	3,013	3,951
St. Peter's Hospital*◇	Gen	Chrch	150	..	..	107	2,479	1,705
Albion, 4,878—Orleans								
Arnold Gregory Mem. Hosp.	Gen	Indep	24	12	73	12	580	.....
Amityville, 4,437—Suffolk								
Brunswick General Hosp.	Gen	Indep	78	16	229	44	1,269	161
Long Island Home	N&M	Indep	200	..	..	109	68	.....
Louden-Knickerbocker Hall	N&M	Indiv	140	..	..	98	181	.....
Reed General Hospital	Gen	Indiv	18	3	9	8	250	.....
Amsterdam, 34,817—Montgomery								
Amsterdam City Hospital◇	Gen	Indep	71	15	172	39	1,190	.....
Montgomery Sanatorium	TB	Co	74	..	..	88	203	225
St. Mary's Hospital◇	Gen	Chrch	100	20	229	60	1,416	.....
Auburn, 36,652—Cayuga								
Auburn City Hospital*◇	Gen	Indep	133	22	330	79	2,662	1,201
Mercy Hospital	Gen	Chrch	80	14	173	31	769	40
Ballston Spa, 4,591—Saratoga								
Benedict Memorial Hospital	Gen	Indep	15	6	91	7	352	.....
Batavia, 17,375—Genesee								
St. Jerome's Hospital	Gen	Chrch	60	13	200	39	1,214	.....
Woman's Hospital	Gen	Indep	52	8	98	30	922	256
Bath, 4,015—Steuben								
Bath Hospital	Gen	Part	40	10	89	32	974	.....
Pleasant Valley Sanatorium	TB	Co	44	..	..	36	56	.....
Veterans Admin. Facility	Gen	Vet	395	..	..	336	1,571	.....
Bay Shore, 4,080—Suffolk								
Dr. King's Private Hospital	Gen	Indiv	30	8	..	18	...	.....
Southside Hospital	Gen	Indep	74	26	335	38	1,357	908
Beacon, 11,933—Dutchess								
Craig House	N&M	Indep	77	..	..	54	48	.....
Highland Hospital	Gen	Indep	44	10	111	20	714	.....
Matteawan State Hospital	Ment	State	1,253	..	..	1,239	146	.....
Bedford Hills, 1,000—Westchester								
Montefiore Hospital, Country Sanatorium+	TB	Indep	220	..	..	225	329	.....
Binghamton, 76,662—Broome								
Binghamton City Hosp.*◇	Gen	City	411	39	830	244	8,090	356
Binghamton State Hosp.+◇	Ment	State	2,844	..	..	3,038	441	579
Brentwood, 534—Suffolk								
Pilgrim State Hospital	Ment	State	5,924	..	..	3,627	3,229	.....
Ross Sanitarium	Gen	Indep	35	2	4	16	85	.....
Bronxville, 6,387—Westchester								
Lawrence Hospital	Gen	Indep	87	18	308	59	1,625	921
Brooklyn, 2,560,401—Kings								
Adelphi Hospital	Gen	Indiv	60	12	217	17	778	.....
Bay Ridge Sanitarium	Gen	Indep	75	25	512	43	1,615	.....
Bedford Maternity	Mat	Indep	20	20	155	5	170	.....
Bensonhurst Maternity	Mat	Indep	25	25	..	12	...	.....
Bethany Deaconess Hosp.	Gen	Chrch	85	15	221	53	1,577	.....
Beth-El Hospital*	Gen	Indep	187	52	1,353	190	6,039	7,098
Beth Moses Hospital*	Gen	Indep	195	30	554	153	4,210	18,183
Boro Park General Hospital	Gen	Indiv	82	37	..	35	1,675	.....
Brooklyn Eye and Ear Hospital+	ENT	Indep	171	..	..	81	10,887	50,691
Brooklyn Home for Consumptives	TB	Indep	116	..	..	108	82	25
Brooklyn Hospital*◇	Gen	Indep	362	40	1,211	184	6,766	22,815
Brooklyn State Hospital+◇	Ment	State	1,300	..	..	1,376	1,873	385
Brooklyn Womens Hosp.	Mat	Indep	49	49	1,089	39	1,341	973
Bushwick Hospital◇	Gen	Indep	127	37	438	90	3,015	8,022
Caledonian Hospital*	Gen	Indep	100	30	296	53	1,132	442
Carson C. Peck. Mem. Hosp.	Gen	Indep	90	28	469	50	1,107	341
Coney Island Hospital*	Gen	City	384	40	1,637	301	9,000	41,470
Crown Heights Hospital	Gen	Indep	115	28	512	99	3,061	.....
Cumberland Hospital*+◇	Gen	City	292	29	1,166	370	7,606	40,929

Key to symbols and abbreviations is on page 1021

NEW YORK—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Evangelical Deaconess Hospital	Gen	Chrch	60	20	139	25	559	.....
Greenpoint Hospital★	Gen	City	320	50	1,598	226	7,981	26,754
Harbor Hospital	Gen	Indep	50	12	85	25	890	2,337
Hosp. of the Holy Family	Gen	Chrch	62	..	..	56	1,387	3,146
House of St. Giles the Cripple	Orth	Chrch	46	..	..	31	114	569
Israel-Zion Hospital★	Gen	Indep	315	95	2,007	242	7,813	22,075
Jewish Hospital★✦◇	Gen	Indep	547	127	2,287	382	12,248	51,221
Kings County Hospital★✦◇	Gen	City	1,617	43	1,926	1,830	29,594	34,306
Kingston Avenue Hospital✦	Iso	City	410	..	..	356	4,857	.....
Kingsway Hospital	Gen	Indiv	22	10	123	8	379	.....
Liberty Maternity Hosp.	Gen	Indep	60	24	677	25	931	.....
Long Island College Hospital★✦◇	Gen	Indep	438	42	776	337	7,646	28,064
Lutheran Hospital	Gen	Chrch	92	18	473	67	3,357	11,744
Madison Park Hospital	Gen	Indep	74	30	785	51	1,984	.....
Methodist Episcopal Hospital★✦◇	Gen	Chrch	320	80	1,841	361	10,078	10,392
Midwood Hospital	Gen	Indep	55	27	417	35	1,358	.....
Norwegian Lutheran Deaconess' Home and Hospital★◇	Gen	Chrch	194	30	709	137	3,365	9,988
Prospect Heights Hosp.◇	Gen	Indep	151	39	568	60	2,103	.....
Ridgewood Sanitarium	Gen	Indep	14	12	123	6	207	.....
Riverdale Hospital	Gen	Indiv	50	36	458	14	690	.....
St. Catherine's Hosp.★◇	Gen	Chrch	252	58	1,367	192	5,458	7,908
St. Cecilia Hospital for Women	Mat	Chrch	52	50	562	22	1,394	756
St. Charles Hospital Orthopedic Clinic	Orth	Chrch	55	..	..	47	246	706
St. John's Hospital★◇	Gen	Chrch	194	40	740	148	3,658	3,641
St. Mary's Hospital★◇	Gen	Chrch	299	61	840	180	4,787	17,208
St. Peter's Hospital★	Gen	Chrch	250	14	30	133	2,906	.....
Samaritan Hospital	Gen	Chrch	33	12	285	24	1,001	6,630
Samaritan Hospital, Skene Division	Gen	Chrch	60	12	210	23	776	.....
Shore Road Hospital	Gen	Indep	48	15	..	27	1,209	.....
Station Hospital	Gen	Army	50	..	..	18	500	2,068
Swedish Hospital	Gen	Chrch	60	15	206	45	1,306	.....
Trinity Hospital★	Gen	Indep	100	15	177	77	2,506	5,347
U. S. Naval Hospital	Gen	Navy	1,102	..	..	896	5,414	.....
Unity Hospital	Gen	Indep	176	31	744	129	3,878	10,562
Victory Memorial Hospital	Gen	Indep	56	13	338	24	1,036	.....
Dr. Wade's Private Hosp.	Gen	Indiv	40	12	105	25	591	2,555
Williamsburgh Maternity Hospital	Mat	Indep	75	62	1,105	30	1,145	72
Wyckoff Heights Hosp.★◇	Gen	Indep	170	30	381	133	4,018	6,359
Buffalo, 573,076—Erie								
Buffalo City Hospital★✦◇	Gen	CyCo	1,025	38	989	1,055	11,397	100,821
Buffalo Columbus Hosp.	Gen	Indep	79	6	71	64	1,712	.....
Buffalo General Hosp.★✦◇	Gen	Indep	434	26	752	330	8,968	7,681
Buffalo Hospital of the Sisters of Charity (Affil.)★	Gen	Chrch	210	15	309	155	4,958	.....
Buffalo State Hospital✦◇	Ment	State	2,530	..	..	2,439	566	146
Central Park Clinic	Gen	Indep	66	6	84	30	1,754	.....
Children's Hospital✦◇	Gen	Indep	211	39	556	164	5,299	4,271
Deaconess Hospital★◇	Gen	Indep	190	35	725	130	3,850	102
Emergency Hospital of the Sisters of Charity (Affil.)★	Gen	Chrch	103	..	..	89	1,826	7,637
Lafayette General Hosp.	Gen	Indep	52	9	177	34	1,055	.....
Memorial Hospital	Gen	Indep	55	10	151	40	888	2,592
Mercy Hospital★◇	Gen	Chrch	164	38	751	138	3,505	3,681
Millard Fillmore Hosp.★✦◇	Gen	Indep	236	73	1,258	158	5,544	3,511
Providence Retreat	N&M	Chrch	200	..	..	178	...	.....
St. Mary's Infant Asylum and Maternity Hospital	MatCh	Chrch	85	65	1,065	55	1,176	605
State Institute for the Study of Malignant Disease	SkCa	State	32	..	..	31	2,083	2,374
U. S. Marine Hospital	Gen	USPH	75	..	..	79	624	1,627
Callicoon, 680—Sullivan								
Callicoon Hospital	Gen	Indiv	10	4	60	4	160	.....
Cambridge, 1,762—Washington								
Mary McClellan Hospital◇	Gen	Indep	97	15	100	52	831	1,161
Canandaigua, 7,541—Ontario								
Brigham Hall Hospital	N&M	Indep	65	..	..	48	55	.....
Frederick Ferris Thompson Hospital	Gen	Indep	118	17	278	66	1,361	.....
Veterans Admin. Facility	Ment	Vet	468	..	..	New	...	.....
Canastota, 4,235—Madison								
Canastota Memorial Hosp.	Gen	City	23	5	43	7	239	50
Cassadaga, 480—Chautauqua								
Newton Memorial Hospital	TB	Co	180	..	..	170	115	3,423
Castle Point, 23—Dutchess								
Veterans Admin. Facility	TB	Vet	479	..	..	461	516	.....
Catskill, 5,082—Greene								
Memorial Hospital of Greene County	Gen	Co	24	10	..	New	...	.....
Central Islip, 675—Suffolk								
Central Islip State Hosp.◇	Ment	State	7,175	2	8	7,034	2,261	768
Central Valley, 850—Orange								
Dr. MacDonald's House	N&M	Indep	40	..	..	30	8	.....
Chenango Bridge, 260—Broome								
Broome County Tuberculosis Hospital	TB	Co	120	..	..	50	134	.....
Clifton Springs, 1,819—Ontario								
Clifton Springs Sanitarium and Clinic✦	Gen	Indep	474	10	57	132	2,485	.....
Cohoes, 23,226—Albany								
Cohoes Hospital◇	Gen	Indep	59	10	148	40	1,012	270
Cold Spring, 1,784—Putnam								
Julia L. Butterfield Memorial Hospital	Gen	Indep	23	6	39	12	340	.....

NEW YORK—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Cooperstown, 2,909—Otsego								
Mary Imogene Bassett Hospital	Gen	Indep	85	8	93	45	1,053	.....
Corning, 15,777—Steuben								
Corning Hospital◇	Gen	Indep	85	25	209	38	1,510	.....
Cornwall, 1,910—Orange								
Cornwall Hospital	Gen	Indep	60	10	176	30	1,072	447
Cortland, 15,043—Cortland								
Cortland County Hosp.◇	Gen	Indep	124	19	314	72	2,321	.....
Cuba, 1,422—Allegany								
Cuba Memorial Hospital	Gen	Indep	14	6	47	5	257	.....
Dannemora, 3,348—Clinton								
Dannemora State Hospital	Ment	State	716	..	..	795	106	.....
Dansville, 4,928—Livingston								
Dansville General Hospital	Gen	City	22	3	107	24	442	.....
Delhi, 1,840—Delaware								
Delaware County Tuberculosis Sanatorium	TB	Co	32	..	..	24	39	225
Dobbs Ferry, 5,741—Westchester								
Dobbs Ferry Hospital	Gen	Indep	41	10	115	22	876	342
Dunkirk, 17,802—Chautauqua								
Brooks Memorial Hospital	Gen	Indep	49	10	10	24	828	10
Elizabethtown, 636—Essex								
Elizabethtown Community House Hospital	Gen	Indep	11	2	21	3	121	.....
Ellenville, 3,280—Ulster								
Veterans Memorial Hosp.	Gen	Indep	14	5	48	7	274	94
Elmira, 47,397—Chemung								
Arnot-Ogden Memorial Hospital★◇	Gen	Indep	183	30	474	111	3,946	.....
Chemung County Sanat.	TB	Co	35	..	..	35	...	.....
St. Joseph's Hospital★◇	Gen	Chrch	189	27	458	115	3,992	.....
Endicott, 16,231—Broome								
Ideal Hospital★	Gen	City	113	30	473	79	2,716	.....
Farmingdale, 3,373—Nassau								
Nassau County Sanatorium	TB	Co	423	..	..	253	655	1,826
Far Rockaway, —Queens								
Natalie and Louis Heinsheimer Memorial	(Included in Hosp. for Joint Diseases, N. Y. C.)							
St. Joseph Hospital	Gen	Chrch	90	22	395	70	2,395	3,999
Fillmore, 488—Allegany								
Genesee Country Memorial Hospital	Gen	Indep	16	4	50	8	281	.....
Fishers Island, 324—Suffolk								
Station Hospital	Gen	Army	70	..	2	17	499	6,360
Flushing, —Queens								
Flushing Hospital and Dispensary★◇	Gen	Indep	180	78	1,364	170	5,745	10,017
Station Hospital	Gen	Army	83	4	70	44	1,220	5,993
Ft. Niagara (Youngstown P.O.),—Niagara								
Station Hospital	Gen	Army	15	..	..	9	445	2,490
Ft. Slocum, —Westchester								
Station Hospital	Gen	Army	157	..	..	37	890	.....
Ft. Wadsworth (Staten Island P.O.),—Richmond								
Station Hospital	Gen	Army	25	..	..	9	446	2,961
Fulton, 12,462—Oswego								
Albert Lindley Lee Memorial Hospital	Gen	City	37	11	152	20	672	.....
Gabriels, 200—Franklin								
Sanatorium Gabriels	TB	Chrch	120	..	..	91	75	.....
Geneva, 16,053—Ontario								
Geneva General Hospital	Gen	Indep	73	20	193	43	1,446	117
Glen Cove, 11,430—Nassau								
North Country Community Hospital	Gen	Indep	100	20	316	49	1,802	3,101
Parkside Hospital	Gen	Part	13	5	52	6	215	.....
Glens Falls, 18,531—Warren								
Glens Falls Hospital	Gen	Indep	80	15	248	60	1,880	.....
Westmount Sanatorium, Warren County Tuberculosis Hospital	TB	Co	52	..	..	47	44	188
Gloversville, 23,099—Fulton								
Nathan Littauer Hosp.◇	Gen	Indep	102	18	227	53	1,761	50
Goshen, 2,891—Orange								
Goshen Hospital	Gen	Indep	47	8	..	13	...	.....
Interpines Sanitarium	N&M	Indep	75	..	..	44	88	.....
Gouverneur, 4,015—St. Lawrence								
Stephen B. Van Duzee Hosp.	Gen	Indep	19	6	47	8	215	66
Governors Island, —New York								
Station Hospital	Gen	Army	125	9	..	..	...	.....
Gowanda, 3,042—Cattaraugus								
Townsend Hospital	Gen	Part	18	6	74	7	399	.....
Granville, 3,483—Washington								
Emma Laing Stevens Hosp.	Gen	Indep	15	6	..	6	149	.....
Greenport, 3,062—Suffolk								
Eastern Long Island Hosp.	Gen	Indep	28	8	144	13	706	.....
Harmon-on-Hudson, 119—Westchester								
Crichton House	N&M	Indiv	20	..	..	..	...	.....
Harrison, 1,485—Westchester								
St. Vincent's Retreat	N&M	Chrch	200	..	..	172	88	.....
Hastings-upon-Hudson, 7,097—Westchester								
Hastings Hillside Hosp.✦	N&M	Indep	40	..	..	38	98	299
Helmuth, —Erie								
Gowanda State Homeopathic Hospital✦◇	Ment	State	1,303	..	..	1,148	341	.....
Hempstead, 12,650—Nassau								
Mercy Hospital	Gen	Chrch	25	11	213	10	400	.....
Station Hospital	Gen	Army	50	..	..	6	352	.....
Herkimer, 10,446—Herkimer								
Herkimer Memorial Hosp.	Gen	Indep	31	9	88	26	890	79
Holcomb, 294—Ontario								
Oak Mount Sanatorium	TB	Co	45	..	..	41	50	.....
Hollis, —Queens								
Parkview Hospital	Gen	Indiv	32	6	60	21	530	.....

Key to symbols and abbreviations is on page 1021

NEW YORK—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Holtsville, 260—Suffolk								
Suffolk Sanatorium	TB	Co	100	..	..	99	104	.....
Hornell, 16,250—Steuben								
Bethesda Hospital	Gen	Indep	44	10	116	24	744	.....
St. James Mercy Hospital	Gen	Chrch	93	16	298	54	1,983	.....
Hudson, 12,337—Columbia								
Hudson City Hospital◇	Gen	Indep	91	15	246	63	1,959	.....
Huntington, 6,200—Suffolk								
Huntington Hospital	Gen	Indep	39	10	..	34	...	675
Ilion, 9,890—Herkimer								
Ilion Hospital	Gen	Indep	25	6	69	13	595	.....
Irvington, 3,067—Westchester								
Irvington House✚	Card	Indep	150	..	..	21	69	.....
Ithaca, 20,708—Tompkins								
Tompkins County Memorial Hospital	Gen	Indep	105	20	319	69	2,260	.....
Jamaica, —Queens								
Mary Immaculate Hosp.★◇	Gen	Chrch	269	50	1,109	218	5,164	5,394
Queensboro Hospital for Communicable Diseases	Iso	City	50	..	..	49	785	.....
Jamestown, 45,155—Chautauqua								
Jamestown General Hosp.◇	Gen	City	100	15	417	68	2,866	.....
Woman's Christian Association Hospital◇	Gen	Indep	104	32	440	46	2,191	.....
Johnson City, 13,567—Broome								
Charles S. Wilson Memorial Hospital★✚◇	Gen	Indep	193	27	507	119	3,469	1,200
Katonah, 1,400—Westchester								
"Four Winds"	N&M	Indiv	35	..	..	7	44	30
Hillbourne Farms	Nerv	Indep	15	..	..	4	11	.....
Kings Park, 1,067—Suffolk								
Kings Park State Hosp.✚◇	Ment	State	4,735	..	..	4,197	1,663	502
Kingston, 28,688—Ulster								
Benedictine Hospital◇	Gen	Chrch	84	16	188	71	3,365	1,002
Kingston Hospital◇	Gen	Indep	118	15	274	77	2,469	1,761
Dr. C. O. Sahler Sanitarium	Conv	Indep	100	..	..	34	86	61
Ulster County Tuberculosis Hospital	TB	Co	56	..	..	45	93	445
Lackawanna, 23,948—Erie								
Moses Taylor Hospital	Indus	Indus	28	..	..	10	165	847
Out Lady of Victory Hospital★◇	Gen	Chrch	134	16	296	82	1,910	887
Lake Kushaqua, 10—Franklin								
Stony Wold Sanatorium	TB	Indep	145	..	..	145	142	.....
Lake Placid, 2,930—Essex								
Lake Placid General Hosp.	Gen	City	23	6	33	9	174	85
Liberty, 3,427—Sullivan								
Maimonides Hospital	Gen	Frat	28	4	36	10	350	.....
Workmen's Circle Sanat.	TB	Frat	100	..	..	12	91	20
Little Falls, 11,105—Herkimer								
Little Falls Hospital	Gen	Indep	36	9	108	20	821	.....
Livingston, 249—Columbia								
Potts Memorial Hospital	TB	Indep	59	..	..	10	...	.....
Lockport, 23,160—Niagara								
Lockport City Hospital	Gen	City	72	12	273	51	1,496	.....
Niagara County Sanat.	TB	Co	200	..	..	204	196	1,424
Long Beach, 5,817—Nassau								
Long Beach Hospital	Gen	Indep	35	10	..	11	...	817
Long Island City,—Queens								
Boulevard Sanitarium	Gen	Indep	74	28	607	42	1,785	.....
Daly's Astoria Sanatorium	Gen	Indep	50	22	271	14	415	.....
River Crest Sanitarium	N&M	Indiv	132	..	..	105	244	.....
St. John's Long Island City Hospital★◇	Gen	Chrch	254	50	1,233	237	6,502	25,300
Loomis, 200—Sullivan								
Loomis Sanatorium✚	TB	Indep	202	..	..	118	182	.....
Lowville, 3,424—Lewis								
Lewis County General Hosp.	Gen	StCo	40	7	89	22	719	.....
Lyons, 3,956—Wayne								
Edward J. Barber Hospital	Gen	Part	24	4	40	18	451	.....
Towlerton-Simpson Hosp.	Gen	Indep	20	5	36	13	338	.....
Malone, 8,657—Franklin								
Alice Hyde Mem. Hosp.◇	Gen	Indep	74	12	127	36	1,085	644
Marcy, 112—Oneida								
Marcy State Hospital	Ment	State	2,597	..	..	2,520	411	669
Medina, 6,071—Orleans								
Medina Memorial Hospital	Gen	Indep	28	7	65	10	319	.....
Middle Grove, 280—Saratoga								
Saratoga County Tuberculosis Hospital	TB	Co	90	..	..	86	189	.....
Middletown, 21,276—Orange								
Elizabeth A. Horton Memorial Hospital◇	Gen	Indep	90	18	166	49	1,513	930
Middletown Sanit. and Hosp.	Gen	Indiv	50	8	126	28	654	.....
Middletown State Homeopathic Hospital✚◇	Ment	State	3,154	..	..	3,231	402	326
Mineola, 8,155—Nassau								
Nassau Hospital★◇	Gen	Indep	175	30	802	132	4,540	.....
Mineville, 837—Essex								
Mineville Hospital	Gen	Indus	14	..	3	7	185	179
Monticello, 3,450—Sullivan								
Hamilton Avenue Hospital	Gen	Indiv	14	4	51	8	287	.....
Monticello Hospital	Gen	Indep	25	5	68	12	455	.....
Montour Falls, 1,489—Schuyler								
Shepard Relief Hospital	Gen	Co	15	6	59	9	328	.....
Mt. Kisco, 5,127—Westchester								
Northern Westchester Hosp.	Gen	Indep	106	14	377	57	2,050	.....
Mt. McGregor,—Saratoga								
Metropolitan Life Insurance Company Sanat.✚	TB	Indep	360	..	..	285	405	.....
Mt. Vernon, 61,499—Westchester								
Mt. Vernon Hospital★◇	Gen	Indep	152	40	778	102	3,793	4,167
Mt. Vision, 258—Otsego								
Otsego County Sanatorium	TB	Co	26	..	..	6	3	.....

NEW YORK—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Newburgh, 31,275—Orange								
Estelle and Walter C. Odell Memorial Sanatorium for Tuberculosis	TB	Co	50	..	..	46	68	796
St. Luke's Hospital◇	Gen	Indep	172	19	211	68	2,457	2,387
New Rochelle, 54,000—Westchester								
New Rochelle Hospital★◇	Gen	Indep	121	26	572	128	3,878	5,246
New York City, 4,2f1,699—New York								
Alice Fuller Le Roy Sanitarium	Gen	Indiv	54	10	..	17	504	.....
Babies Hospital✚◎	Chil	Indep	154	..	..	84	2,009	29,456
Beekman Street Hospital	Gen	Indep	100	..	..	73	2,767	16,759
Bellevue Hospital★✚◇	Gen	City	2,112	105	2,530	2,344	61,445	99,932
Beth David Hospital★	Gen	Indep	154	24	190	86	2,390	10,444
Beth Israel Hospital★◇	Gen	Indep	354	84	758	247	6,479	17,373
Broad Street Hospital	Gen	Indep	117	8	62	76	3,318	5,519
Bronx Eye and Ear Infirm.	ENT	Indep	30	..	..	14	2,774	14,175
Bronx Hospital★	Gen	Indep	254	59	1,287	221	7,479	25,304
Bronx Maternity and Woman's Hospital	Mat	Indep	36	36	623	17	660	773
Central Neurological Hosp.✚	Neur	City	470	..	..	467	760	.....
Charles B. Towns Hosp.	GenDrug	Indiv	50	2	3	15	732	.....
Columbus Hospital★	Gen	Chrch	260	40	253	90	2,671	8,112
Columbus Hosp. Extension	Gen	Chrch	100	16	169	70	1,590	1,616
Community Hospital	Gen	Indep	88	19	197	37	1,584	1,372
Concourse Hospital	Gen	Indep	45	30	..	15	...	.....
Crotona Park Sanitarium	Gen	Indep	40	24	500	22	1,009	.....
Doctors Hospital	Gen	Indep	275	50	659	94	2,525	.....
Echo Hill Sanitarium	Gen	Indep	15	9	104	8	850	.....
Fifth Avenue Hospital★✚◇	Gen	Indep	300	40	539	164	5,706	8,612
Fitch Sanitarium	Gen	Indep	70	48	546	27	1,157	.....
Fordham Hospital★◎	Gen	City	559	50	1,788	515	11,999	41,184
Franklin Maternity Sanit.	Mat	Indiv	10	10	168	5	199	.....
French Hospital★◇	Gen	Frat	200	..	..	142	3,568	19,650
Gelber Hospital	ENT	Indiv	21	..	..	3	692	.....
Gouverneur Hospital★◎	Gen	City	209	20	350	188	4,937	48,525
Harlem Eye and Ear Hosp.✚	ENT	Indep	50	..	..	7	1,050	14,282
Harlem Hospital★✚◇	Gen	City	273	52	1,523	263	9,597	46,447
Herman Knapp Memorial Eye Hospital✚	Eye	Indep	50	..	..	35	810	12,317
Hospital for Joint Diseases★✚	G&Or	Indep	355	..	..	292	4,837	29,021
Hunts Point Hospital	Gen	Indep	95	45	359	37	1,360	.....
Jewish Maternity Hospital.	Mat	Indep	52	52	1,311	37	1,400	1,071
Jewish Memorial Hospital.	Gen	Indep	105	12	82	77	2,530	2,752
Knickerbocker Hospital★	Gen	Indep	174	30	491	130	4,483	8,037
Lebanon Hospital★◇	Gen	Indep	162	20	397	103	3,018	21,912
Dr. Leff's Maternity Hosp.	Mat	Indiv	51	51	622	18	706	....
Lenox Hill Hospital★✚◇	Gen	Indep	500	48	203	267	13,600	23,600
Lincoln Hospital★✚◇	Gen	City	235	37	1,083	269	6,229	36,794
Lutheran Hospital	Gen	Chrch	100	21	214	40	1,182	311
Manhattan Eye, Ear and Throat Hospital✚	ENT	Indep	214	..	..	153	18,588	70,796
Manhattan General Hosp.	Gen	Indep	138	12	142	76	2,104	.....
Manhattan State Hosp.✚◇	Ment	State	4,317	2	6	4,389	2,004	646
Memorial Hospital for the Treatment of Cancer and Allied Diseases✚	Ca	Indep	109	..	..	99	2,383	1,404
Metropolitan Hospital★✚◇	Gen	City	1,580	40	1,704	1,765	11,988	25,105
Midtown Hospital	Gen	Indep	60	10	52	29	2,414	4,568
Misericordia Hospital★◇	Gen	Chrch	247	75	1,291	242	3,588	2,126
Montefiore Hospital for Chronic Diseases★✚◎	Gen	Indep	710	..	..	655	1,542	1,255
Morrisania City Hosp.★✚	Gen	City	473	66	2,155	421	12,880	33,350
Mount Morris Park Hosp.	Gen	Indiv	64	30	140	12	524	.....
Mt. Sinai Hospital★✚◇	Gen	Indep	780	..	..	531	13,689	37,149
Murray Hill Sanitarium	Gen	Indep	71	8	..	32	...	.....
Neurological Institute of New York✚◎	Neur	Indep	211	..	..	141	3,086	6,003
New York City Cancer Institute Hospital✚	Ca	City	202	..	..	198	609	1,283
New York City Hospital★	Gen	City	1,030	30	866	994	7,458	13,929
New York Eye and Ear Infirmary✚	ENT	Indep	175	..	..	99	5,489	55,181
New York Foundling Hospital◎	MatCh	Chrch	330	60	594	230	2,481	.....
New York Homeopathic Medical College and Flower Hospital★◇	Gen	Indep	197	33	473	142	6,484	23,218
New York Hospital★✚◇	Gen	Indep	671	131	2,625	302	5,985	21,156
New York Infirmary for Women and Children★	Gen	Indep	118	37	590	71	2,035	12,676
New York Nursery and Child's Hospital✚◎	MatCh	Indep	164	92	1,440	90	2,870	3,976
New York Orthopaedic Dispensary and Hospital✚	Orth	Indep	132	..	..	92	961	30,489
New York Polyclinic Medical School and Hospital★✚	Gen	Indep	308	37	713	205	7,468	38,031
New York Post-Graduate Medical School and Hospital★✚	Gen	Indep	415	..	..	263	9,617	56,459
New York Society for the Relief of the Ruptured and Crippled✚	Orth	Indep	269	..	..	192	3,561	78,008
New York State Psychiatric Institute and Hospital✚	Ment	State	200	..	..	168	388	999
Park East Hospital	Gen	Indep	120	24	..	63	2,470	.....
Parkway Hospital	Gen	Indep	65	10	179	22	800	.....
Park West Hospital	Gen	Indep	64	10	149	37	2,032	.....
Payne Whitney Psychiatric Clinic	(Included in New York Hospital)							
People's Hospital	Gen	Indep	53	5	45	36	1,366	.....
Presbyterian Hospital★✚◇	Gen	Indep	641	..	..	420	9,223	55,619
Reconstruction Hospital	Orth	Indep	50	..	..	34	778	1,930

Key to symbols and abbreviations is on page 1021

NEW YORK—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Riverside Hospital	TbIs	City	332	..	..	393	2,148	.....
Roosevelt Hospital★◇	Gen	Indep	337	..	..	292	5,788	2,046
Royal Hospital	Gen	Indiv	100	34	833	55	2,158	.....
St. Ann's Maternity Hosp.	(Included in New York Foundling Hospital)							
St. Elizabeth's Hospital	Gen	Chrch	100	27	326	44	1,363	.....
St. Francis' Hospital★	Gen	Chrch	425	..	..	272	5,405	.....
St. Luke's Hospital★✦◇	Gen	Chrch	532	8	..	351	8,254	30,274
St. Mary's Hospital for Children	Chil	Chrch	57	..	..	50	2,068	2,809
St. Vincent's Hospital★◇	Gen	Chrch	435	30	121	335	8,668	22,290
Seton Hospital	TB	Chrch	248	..	..	231	213	.....
Sherman Square Hospital	Gen	Indep	43	10	61	22	813	.....
Sloane Hospital for Women✦⊙	GynOb	Indep	178	144	2,127	146	3,310	4,648
Stuyvesant Square Hosp.✦	SkCa	Indep	96	..	..	41	1,498	35,347
Sydenham Hospital★	Gen	Indep	176	24	448	129	4,091	9,846
Union Hospital	Gen	Indep	55	20	201	29	947	.....
U. S. Marine Hospital	Gen	USPH	540	10	3	448	4,142	.....
University Heights Hosp.	Gen	Indep	50	17	387	30	1,450	.....
Veterans Admin. Facility	Gen	Vet	950	..	..	278	1,890	11,195
Westchester Square Hosp.	Gen	Indep	60	32	547	33	1,320	.....
West Hill Sanitarium	N&M	Indiv	40	..	..	25	74	.....
West Side Hospital and Dispensary	Gen	Indep	27	..	..	14	655	6,129
Wickersham Hospital	Gen	Indiv	75	15	141	3	1,246	18
Willard Parker Hospital✦⊙	TbIs	City	424	..	5	283	6,698	.....
William Booth Mem. Hosp.	Gen	Chrch	48	24	272	30	951	1,322
Woman's Hospital✦⊙	GynOb	Indep	219	84	1,430	154	3,826	10,203
Niagara Falls, 75,460—Niagara								
Mt. St. Mary's Hospital◇	Gen	Chrch	144	16	400	62	2,296	.....
Niagara Falls Mem. Hosp.◇	Gen	Indep	166	24	529	69	3,277	.....
Northport, 2,528—Suffolk								
Veterans Admin. Facility	Ment	Vet	1,392	..	..	1,389	322	.....
North Tonawanda, 19,019—Niagara								
De Graff Memorial Hospital	Gen	City	48	18	134	17	867	.....
Norwich, 8,378—Chenango								
Chenango Memorial Hosp.	Gen	Indep	61	15	80	31	979	.....
Nyack, 5,392—Rockland								
Nyack Hospital	Gen	Indep	88	16	332	77	2,232	4,066
Ogdensburg, 16,915—St. Lawrence								
A. Barton Hepburn Hosp.◇	Gen	Chrch	160	20	253	114	3,357	145
St. Lawrence State Hosp.✦◇	Ment	State	2,317	..	..	2,227	327	210
Olean, 21,790—Cattaraugus								
Mountain Clinic	Gen	Indiv	35	9	68	18	650	531
Olean General Hospital	Gen	Indep	81	22	193	31	1,158	...
Rocky Crest Sanatorium	TB	Co	43	..	..	42	73	843
Oneida, 10,558—Madison								
Broad Street Hospital◇	Gen	Indep	55	11	91	33	806	.....
Oneida City Hospital	Gen	City	14	4	42	8	343	.....
Oneonta, 12,536—Otsego								
Aurelia Osborn Fox Memorial Hospital	Gen	Indep	53	7	132	39	1,118	.....
Parshall Private Hospital	Gen	Indiv	31	10	..	12	...	.....
Orangeburg, 360—Rockland								
Rockland State Hospital◇	Ment	State	3,750	2	5	3,898	1,543	940
Ossining, 15,241—Westchester								
Ossining Hospital	Gen	Indep	61	11	215	45	1,447	.....
Stony Lodge	N&M	Indiv	18	..	..	9	25	.....
Oswego, 22,652—Oswego								
Oswego Hospital	Gen	Indep	80	12	197	44	2,349	.....
Station Hospital	Gen	Army	30	..	..	7	315	1,693
Otisville, 809—Orange								
Municipal Sanatorium	TB	City	388	..	..	373	440	.....
Owego, 4,742—Tioga								
Glenmary Sanitarium	N&M	Indep	50	..	..	11	5	.....
Pawling, 1,204—Dutchess								
White Oak Farm	N&M	Indep	19	..	..	12	...	.....
Peekskill, 17,125—Westchester								
Peekskill Hospital	Gen	Indep	63	12	242	40	1,244	.....
Penn Yan, 5,329—Yates								
Soldiers and Sailors Memorial Hospital	Gen	Indep	43	10	116	19	830	.....
Perrysburg, 317—Cattaraugus								
J. N. Adam Memorial Hosp.	TB	City	500	..	..	492	417	.....
Philmont, 1,868—Columbia								
Columbia County Tuberculosis Sanatorium	TB	Co	76	..	..	70	47	340
Plattsburg, 13,349—Clinton								
Champlain Valley Hospital	Gen	Chrch	100	15	251	65	2,318	1,316
Physicians Hospital	Gen	Indep	90	18	185	45	1,448	153
Station Hospital	Gen	Army	85	..	..	40	1,426	4,000
Pt. Chester, 22,662—Westchester								
St. Luke's Convalescent Hospital	Conv	Chrch	145	..	..	83	1,073	.....
United Hospital★◇	Gen	Indep	164	36	495	95	3,243	4,782
Pt. Jefferson, 2,200—Suffolk								
John T. Mather Memorial Hospital	Gen	Indep	58	12	98	22	873	.....
St. Charles Hospital	Orth	Chrch	240	..	..	225	66	.....
Wharton Memorial Institute	(Mental Dept. of St. Charles Hospital)							
Pt. Jervis, 10,243—Orange								
St. Francis Hospital	Gen	Chrch	61	10	54	13	535	.....
Potsdam, 4,136—St. Lawrence								
Potsdam Hospital	Gen	Indep	54	21	107	12	451	.....
Poughkeepsie, 40,288—Dutchess								
Hudson River State Hosp.✦◇	Ment	State	4,378	..	7	4,396	90	1,849
Sadlier Hospital	Surg	Indiv	10	..	..	8	146	.....
St. Francis' Hospital◇	Gen	Chrch	85	25	269	51	1,927	351
Samuel and Nettie Bowne Hospital	TB	Indep	50	..	..	33	37	.....
Samuel W. Bowne Memorial Hospital	TB	CyCo	135	..	..	142	94	.....
Vassar Brothers Hosp.★◇	Gen	Indep	192	33	601	128	3,849	3,354

NEW YORK—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Queens Village,—Queens								
Creedmoor Division, Brooklyn State Hospital	Ment	State	3,319	..	..	2,727	1,398	249
Ray Brook, 40—Essex								
New York State Hospital✦	TB	State	300	..	..	293	...	500
Rhinebeck, 1,569—Dutchess								
Northern Dutchess Health Service Center	Gen	Indep	30	8	58	21	549	760
Richland, 404—Oswego								
Oswego County Sanat.	TB	Co	115	..	..	105	139	.....
Richmond Hill,—Queens								
Jamaica Hospital★◇	Gen	Indep	138	33	776	101	3,753	6,259
Rochester, 328,132—Monroe								
Belvidere Private Hospital	Gen	Indiv	14	12	105	5	174	.....
Genesee Hospital✦◇	Gen	Indep	193	32	503	123	4,255	6,602
Highland Hospital★◇	Gen	Indep	168	38	543	107	3,306	493
Iola-Monroe County Tuberculosis Sanatorium✦	TB	Co	400	..	..	395	581	7,486
Monroe County Hospital	Gen	Co	366	16	158	252	1,691	.....
Park Avenue Hospital◇	Gen	Indep	81	22	246	54	1,511	.....
Rochester General Hosp.✦◇	Gen	Indep	302	61	1,058	199	5,912	20,634
Rochester Municipal Hospital✦✦	Gen	City	255	24	807	224	6,501	Affil.
Rochester State Hospital✦◇	Ment	State	2,666	..	..	2,600	491	470
St. Mary's Hospital★◇	Gen	Chrch	200	25	474	129	3,041	4,916
Strong Memorial Hosp.✦✦◇	Gen	Indep	264	36	192	111	4,273	20,092
Rockaway Beach,—Queens								
Neponsit Beach Hospital for Children	ChilTB	City	120	..	..	115	36	.....
Rockaway Beach Hospital and Dispensary	Gen	Indep	115	10	285	74	2,356	3,775
Rockville Center, 13,718—Nassau								
South Nassau Communities Hospital	Gen	Indep	54	18	670	50	2,159	.....
Rome, 32,338—Oneida								
Oneida County Hospital	Gen	Co	184	6	83	199	1,323	.....
Rome Hospital and Murphy Memorial Hospital	Gen	City	65	17	235	40	1,424	.....
Rome Infirmary	Gen	Indiv	50	18	11	10	...	684
Sackets Harbor, 742—Jefferson								
Station Hospital	Gen	Army	50	..	..	17	585	3,500
Salamanca, 9,577—Cattaraugus								
City Hospital	Gen	City	41	13	143	21	824	.....
Salisbury Center, 331—Herkimer								
Pine Crest Sanatorium	TB	Co	90	..	..	90	55	.....
Saranac Lake, 8,020—Franklin								
General Hospital	Gen	Indep	35	9	100	21	860	70
National Variety Artists Lodge	TB	Indep	79	..	..	61	41	.....
Northwoods Sanatorium	TB	Indep	26	..	..	24	41	.....
Reception Hospital	TB	Indiv	20	..	..	20	55	.....
St. Mary's of the Lake	TB	Chrch	30	..	..	19	42	.....
Saratoga Springs, 13,169—Saratoga								
Saratoga Hospital◇	Gen	Indep	85	14	145	40	1,317	1,427
Schenectady, 95,692—Schenectady								
Eastern New York Orthopedic Hospital-School	Orth	Indep	14	..	..	14	38	200
Ellis Hospital★◇	Gen	Indep	246	39	799	188	5,798	4,363
Glenridge Sanatorium	TB	Co	132	..	..	112	150	357
Seneca Falls, 6,443—Seneca								
Seneca Falls Town Hosp.	Gen	City	26	7	63	11	348	.....
Sherburne, 1,077—Chenango								
Chenango County Tuberculosis Hospital	TB	Co	33	..	..	32	28	.....
Sodus, 1,444—Wayne								
Myers Hospital	Gen	Indiv	35	7	51	13	311	.....
Somers,—Westchester								
Pinewood Sanitarium	N&M	Indiv	28	..	..	21	98	.....
Sonyea,—Livingston								
Craig Colony◇	Epil	State	2,044	2	..	1,962	373	.....
Southampton, 3,737—Suffolk								
Southampton Hospital◇	Gen	Indep	95	19	230	43	1,674	742
Staten Island, 158,346—Richmond								
Richmond Memorial Hosp.	Gen	Indep	60	18	155	33	1,204	1,702
St. Vincents Hospital★	Gen	Chrch	212	36	479	151	4,512	7,376
Sea View Hospital✦	TB	City	1,446	6	18	1,368	2,332	.....
Staten Island Hospital★◇	Gen	Indep	231	44	1,089	120	5,160	7,440
U. S. Marine Hospital	Gen	USPH	288	..	..	297	3,425	5,395
Suffern, 3,757—Rockland								
Good Samaritan Hospital	Gen	Chrch	34	9	166	26	1,298	301
Summit Park (Pomona P. O.),—Rockland								
Summit Park Sanatorium	TB	Co	46	..	..	51	53	901
Sunmount,—Franklin								
Veterans Admin. Facility	TB	Vet	520	..	..	376	398	.....
Syracuse, 209,326—Onondaga								
City Hospital⊙	Iso	City	84	..	..	40	533	.....
Crouse-Irving Hospital◇	Gen	Indep	170	30	482	126	3,816	.....
General Hospital★◇	Gen	Indep	85	25	456	68	2,239	881
Hospital of the Good Shepherd✦✦◇	Gen	Indep	242	..	155	162	5,027	.....
Onondaga General Hosp.	Gen	Indep	52	25	85	24	691	.....
Onondaga Sanatorium	TB	Co	253	..	..	237	205	1,243
Peoples Hospital	Gen	Indep	33	10	88	9	362	.....
St. Joseph Hospital★◇	Gen	Chrch	200	31	375	133	4,323	.....
St. Mary's Maternity Hospital and Infants Asylum	MatCh	Chrch	64	22	329	55	678	.....
Syracuse Memorial Hosp.★◇	Gen	Indep	210	40	996	166	5,060	.....
Syracuse Psychopathic Hosp.	Ment	State	60	..	..	50	584	364
Tarrytown, 6,841—Westchester								
Tarrytown Hospital	Gen	Indep	48	12	220	37	938	773
Ticonderoga, 3,680—Essex								
Moses-Ludington Hospital	Gen	Indep	43	6	45	28	742	.....
Troy, 72,763—Rensselaer								
Leonard Hospital	Gen	Indep	75	15	224	45	1,370	.....

Key to symbols and abbreviations is on page 1021

NEW YORK—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Marshall Sanitarium	N&M	Indep	62	..	..	40	244	.....
St. Joseph's Maternity Hosp.	Mat	Chrch	60	50	..	25	600	.....
Samaritan Hospital*◇	Gen	Indep	167	16	284	89	2,156	1,622
Troy Hospital*	Gen	Chrch	250	12	163	149	2,876	1,607
Trudeau, 230—Essex								
Trudeau Sanatorium✚	TB	Indep	185	..	..	188	262	.....
Trumansburg, 1,077—Tompkins								
Tompkins County Tuberculosis Hospital	TB	Co	32	..	..	30	24	.....
Tupper Lake, 5,271—Franklin								
Mercy General Hospital	Gen	Chrch	32	2	28	12	449	.....
Tuxedo Park, 2,000—Orange								
Tuxedo Memorial Hospital	Gen	Indep	31	8	..	15	500	.....
Utica, 101,740—Oneida								
Faxton Hospital◇	Gen	Indep	167	42	251	59	2,143	431
Masonic Soldiers and Sailors Memorial Hospital	Gen	Frat	200	..	..	107	407	.....
Oneida County Tuberculosis Sanatorium	TB	Co	126	..	..	124	115	1,483
St. Elizabeth Hospital◇	Gen	Chrch	125	20	304	79	2,184	.....
St. Luke's Home and Hospital◇	Gen	Chrch	123	28	297	55	1,959	.....
Utica General Hospital	Gen	City	117	8	..	104	2,203	676
Utica Memorial Hospital◇	Gen	Indep	63	12	174	31	1,254	.....
Utica State Hospital✚◇	Ment	State	1,594	..	..	1,652	547	617
Valhalla, 620—Westchester								
Grasslands Hospital*✚◇	Gen	Co	888	15	386	549	5,810	10,602
Warsaw, 3,477—Wyoming								
Wyoming County Community Hospital	Gen	Co	70	11	123	40	1,219	.....
Warwick, 2,443—Orange								
Warwick Hospital and Clinic	Gen	Indiv	21	4	27	11	333	.....
Waterloo, 4,047—Seneca								
Waterloo Memorial Hosp.	Gen	Indep	15	5	51	8	368	.....
Watertown, 32,205—Jefferson								
House of the Good Samaritan◇	Gen	Indep	122	13	185	90	2,269	.....
Jefferson County Sanat.	TB	Co	78	..	..	71	72	816
Mercy Hospital◇	Gen	Chrch	100	14	205	57	1,673	.....
Waverly, 5,662—Tioga								
Tioga County Gen. Hosp.	Gen	Co	65	12	95	36	862	647
Wellsville, 5,674—Allegany								
Memorial Hosp. of Wm. F. and Gertrude F. Jones.	Gen	City	45	10	157	26	942	.....
West Haverstraw, 2,834—Rockland								
New York State Reconstruction Home✚	Orth	State	170	..	..	152	100	187
West Point, 1,250—Orange								
Station Hospital	Gen	Army	111	6	77	48	1,793	2,460
White Plains, 35,830—Westchester								
Bloomingdale Hospital✚◇	N&M	Indep	300	..	..	241	231	.....
New York Orthopaedic Dispensary and Hospital	Orth	Indep	168	..	..	158	367	.....
St. Agnes' Hospital	Gen	Chrch	105	24	513	60	1,984	1,408
White Plains Hospital◇	Gen	Indep	120	22	236	54	2,157	1,277
Willard, 200—Seneca								
Willard State Hospital◇	Ment	State	2,685	1	2	2,582	402	159
Wingdale, 156—Dutchess								
Harlem Valley State Hosp.◇	Ment	State	1,775	..	..	1,736	291	.....
Woodhaven,—Queens								
St. Anthony's Hospital	TB	Chrch	400	..	..	384	954	.....
Wyantskill, 167—Rensselaer								
Pawling Sanatorium	TB	Co	152	..	..	141	134	250
Yonkers, 134,646—Westchester								
Gray Oaks Hospital	TB	City	55	..	..	49	88	369
House of Rest at Sprain Ridge	TB	Indep	100	..	..	78	103	.....
St. John's Riverside Hosp.*◇	Gen	Chrch	176	25	300	135	3,937	5,678
St. Joseph's Hospital	Gen	Chrch	100	20	213	68	1,968	5,572
Yonkers General Hosp.*◇	Gen	Indep	141	54	622	77	2,995	3,404
Related Institutions								
Albany, 127,412—Albany								
Albany's Hospital for Incurables	Inc	Indep	86	..	..	86	28	.....
Evergreens Sanat.-School	MeDe	Indiv	10	..	..	6	9	.....
St. Margaret's House and Hospital	Inst	Indep	38	12	..	7	98	.....
Albion, 4,878—Orleans								
Albion State Training School	MeDe	State	234	15	5	156	76	.....
Orleans Welfare Hospital and Home	Gen	Co	40	2	24	20	75	.....
Amityville, 4,437—Suffolk								
Brunswick Home Sanit.	MeDe	Indep	378	..	..	247	335	.....
Auburn, 36,652—Cayuga								
Auburn State Prison Hosp.	Inst	State	50	..	..	9	215	.....
Bedford Hills, 1,000—Westchester								
Westfield State Farm	Inst	State	59	8	..	22	457	.....
Binghamton, 76,662—Broome								
Binghamton Training School for Nervous, Backward and Mental Defectives	MeDe	Indiv	50	..	..	34	7	.....
Dr. Lyon's Sanitarium	N&M	Indiv	10	..	..	8	8	.....
Breesport, 498—Chemung								
Chemung County Home	Inst	Co	30	..	..	25	90	.....
Brewster, 1,664—Putnam								
Mountainbrook Farm Sanit.	Conv	Indiv	25	..	..	16	20	.....
Brooklyn, 2,560,401—Kings								
Brooklyn Hebrew Home and Hospital for Aged	Inst	Indep	460	..	..	432	174	.....
Brooklyn Hebrew Orphan Asylum	Inst	Indep	70	..	..	12	806	.....
Churchill Sanitarium	Gen	Indiv	12	3	30	2	116	.....
Faith Home for Incurables	Inc	Indep	60	..	..	60	12	.....

NEW YORK—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Hamilton Private Hospital	Gen	Indiv	24	4	43	14	406	.....
Jewish Sanitarium for Incurables	Inc	Indep	252	..	..	242	106	.....
Buffalo, 573,076—Erie								
Buffalo Eye and Ear Infirmary and Wettlaufer Clinic	ENT	Indep	10	..	..	3	572	5,514
Charity Eye, Ear and Throat Hospital of Erie County	ENT	CyCo	7	..	..	1	124	.....
Parkside Sanitarium and Hospital	Conv	Indiv	40	..	..	25	102	.....
Salvation Army Maternity Hospital and Home	Mat	Chrch	4	4	39	1	39	.....
Calcium, 111—Jefferson								
Jefferson County Contagious Hospital	Iso	Co	18	..	..	3	52	.....
Camden, 1,912—Oneida								
Healthforte—Dr. Bell's Private Rest Home	N&M	Indiv	15	..	..	3	23	.....
Canandaigua, 7,541—Ontario								
Canandaigua Health Home	Conv	Indiv	22	..	..	7	57	.....
Castile, 900—Wyoming								
Greene Sanitarium	Conv	Indiv	75	..	..	3	3	.....
Corona,—Queens								
Dr. Combes' Sanitarium	N&M	Indep	66	..	..	38	57	.....
Cortland, 15,043—Cortland								
Cortland Sanitarium	Gen	Part	12	1	6	8	271	.....
Dannemora, 3,348—Clinton								
Clinton Prison General and Tuberculosis Hospital	Inst	State	235	..	..	189	857	.....
Delhi, 1,840—Delaware								
Delhi Hospital	Gen	CyCo	13	4	24	5	192	.....
Dewittville, 153—Chautauqua								
Chautauqua County Almshouse and Hospital	Inst	Co	110	..	..	103	...	.....
Eastview, 161—Westchester								
Solomon and Betty Loeb Memorial Home for Conv.	Conv	Indep	108	..	..	112	1,580	.....
Edmeston, 749—Otsego								
Otsego School for Backward Children	MeDe	Part	22	..	..	20	6	.....
Elmira, 47,397—Chemung								
Chemung County Preventorium	TB	Co	22	..	..	22	38	.....
Elmira Reformatory	Inst	State	92	..	..	25	1,492	.....
Gleason Health Resort	Conv	Indiv	50	..	..	17	122	.....
Far Rockaway,—Queens								
Brooklyn Jewish Home for Convalescents	Conv	Indep	40	..	..	40	967	.....
Wave Crest Convalescent Home and Seaside Hosp.	Conv	Indep	127	..	..	67	260	.....
Freeport, 15,467—Nassau								
Freeport Nursing Home	Gen	Indiv	7	4	32	3	145	.....
Green Ridge (Staten Island P. O.),—Richmond								
St. Michael's Home for Destitute Children	Inst	Chrch	35	..	..	5	...	.....
Harrison, 1,485—Westchester								
Miriam Osborn Memorial Home	Inst	Indep	22	..	..	18	...	.....
Herkimer, 10,446—Herkimer								
Herkimer County Hospital.	Inst	Co	18	..	..	8	...	.....
Hudson, 12,337—Columbia								
New York State Training School for Girls	Inst	State	58	11	16	5	320	.....
Industry,—Monroe								
Industry General Hospital.	Inst	State	50	..	..	24	906	.....
Iroquois, 40—Erie								
Thomas Indian School Hosp.	Gen	State	36	..	..	9	412	.....
Ithaca, 20,708—Tompkins								
Conklin Sanitarium	Gen	Indiv	14	..	..	8	360	.....
Reconstruction Home	Orth	Indep	60	..	..	35	55	.....
Lake Ronkonkoma, 49—Suffolk								
Gary de Vabre Academy	MeDe	Part	18	..	..	10	1	.....
Lockport, 23,160—Niagara								
Odd Fellows' Home	Inst	Frat	39	..	..	39	23	.....
Machias, 627—Cattaraugus								
Cattaraugus County Hosp.	Inst	Co	55	..	..	40	110	.....
Mamaroneck, 11,766—Westchester								
Dr. Wellington's House	N&M	Indiv	22	..	..	14	...	.....
Marcy, 112—Oneida								
Camp Healthmore	TB	City	50	..	..	52	63	.....
Margaretville, 771—Delaware								
Margaretville Hospital	Gen	Indep	12	3	22	4	182	.....
Millgrove, 110—Erie								
Erie County Home and Infirmary	Inst	Co	300	..	..	150	120	.....
Mohegan Lake, 105—Westchester								
Josephine Home	Conv	Indep	48	..	..	48	151	.....
Mt. Kisco, 5,127—Westchester								
Restawhile	Conv	Indiv	14	..	..	3	...	.....
Mt. Vernon, 61,499—Westchester								
Bikur Cholim Convalescent Home for Greater New York	Conv	Indep	38	..	..	38	555	.....
Napanoch, 633—Ulster								
Institution for Male Defective Delinquents	MeDe	State	985	..	..	964	288	.....
Newark, 7,649—Wayne								
Newark State School	MeDe	State	1,776	12	15	1,541	379	.....
New Hartford, 1,885—Oneida								
Children's Hospital Home of Utica	Orth	CyCo	12	..	..	12	44	.....
New York City, 4,211,699—New York								
Beth Abraham Home for Incurables	Inc	Indep	250	..	..	247	62	.....

Key to symbols and abbreviations is on page 1021

NEW YORK—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Bryant Sanitarium	Mat	Indep	10	10	140	5	140	.....
Colored Orphan Asylum	Inst	Indep	26	..	..	10	...	.....
Correction Hospital	Inst	City	150	..	..	72	2,045	.....
Edith Gibbs Kimball Memorial	TB	Indep	22	..	..	17	66	.....
Harts Island Prison Hosp.	Inst	City	67	..	..	34	414	.....
Hebrew Convalescent Home	Conv	Indep	75	..	..	72	796	.....
Home for Aged and Infirm Hebrews	Inst	Indep	136	..	..	120	470	.....
Home for Hebrew Infants.	Inst	Indep	61	..	..	41	1,268	.....
Home for Incurables	Inc	Chrch	350	..	..	296	208	.....
House of Calvary	Ca	Chrch	140	..	..	120	318	.....
House of the Holy Comforter	Inc	Chrch	100	..	..	64	19	.....
Jewish Home for Convalescents	Conv	Indep	115	..	..	50	...	.....
Mt. Eden Hospital	Gen	Indiv	40	30	539	23	1,140	.....
New York City Children's Hospital	MeDe	City	1,428	..	..	1,148	830	.....
New York County Penitentiary Hospital	Inst	Co	50	..	..	12	897	.....
Dr. Rogers' Hospital	N&M	Indiv	25	..	..	9	150	.....
St. Andrew's Convalescent Hospital	Conv	Chrch	30	..	..	15	318	.....
St. Joseph's Hospital for Consumptives	TB	Chrch	350	..	..	280	512	.....
St. Rose's Free Home for Incurable Cancer	Ca	Chrch	89	..	..	75	310	.....
Tonsil Hospital	N&T	Indep	36	..	..	8	...	.....
Dr. Wiley M. Wilson's Private Hospital (col.)	Gen	Indiv	8	2	19	4	131	.....
Niagara Falls, 75,460—Niagara								
Niagara Falls Municipal Hospital	Iso	City	38	..	..	8	143	.....
Onondaga, 260—Onondaga								
Onondaga County Hospital	Inst	Co	154	13	128	141	590	.....
Oriskany, 1,142—Oneida								
Eastern Star Home and Infirmary	Inst	Frat	35	..	..	26	...	.....
Ossining, 15,241—Westchester								
Greenmont-on-Hudson	N&M	Indiv	19	..	..	9	3	.....
Sing Sing Prison Hospital	Inst	State	86	..	..	46	1,698	.....
Otisville, 809—Orange								
Sunnyside Health Farm	TB	Indiv	12	..	..	4	9	.....
Oxford, 1,601—Chenango								
New York State Woman's Relief Corps Home	Inst	State	50	..	..	41	45	.....
Patchogue, 6,860—Suffolk								
Community Hospital	Gen	Indiv	20	7	..	7	...	.....
Pelham Manor, 4,908—Westchester								
Pelham Home for Children	Conv	Indep	30	..	..	29	67	.....
Plattsburg, 13,349—Clinton								
Children's Home of Northern New York	Inst	Chrch	12	..	..	1	12	.....
Pleasantville, 4,540—Westchester								
Hebrew Sheltering Guardian Orphan Asylum	Inst	Indep	34	..	..	4	491	.....
Pt. Jervis, 10,243—Orange								
Deerpark Hospital	Gen	Indep	15	3	16	6	412	100
Poughkeepsie, 40,288—Dutchess								
Poughkeepsie City Home and Infirmary	Inst	City	20	..	..	16	14	.....
Swift Infirmary-Vassar College	Gen	Indep	30	..	..	11	450	.....
Queens Village,—Queens								
Queens Village Sanatorium	Gen	Indiv	12	12	68	5	148	.....
Remsen, 437—Oneida								
Whitesboro Sanitarium and Adirondack Annex	Nerv	Indiv	15	..	..	..	...	.....
Rhinebeck, 1,569—Dutchess								
Holiday Farm, Home for Convalescent Children	Conv	Indiv	50	..	..	48	...	.....
Rochester, 328,132—Monroe								
Convalescent Hospital for Children	Conv	Indep	50	..	..	38	223	.....
Field Sanitarium	Conv	Indiv	15	..	..	8	35	.....
Knorr Sanitarium Convalescent Home	Conv	Indiv	35	..	..	15	110	.....
Rockaway Park,—Queens								
Convalescent Home for Hebrew Children	Conv	Indep	112	..	..	120	794	.....
Rome, 32,338—Oneida								
Rome State School✚	MeDe	State	2,767	24	28	3,376	358	.....
Rye, 8,712—Westchester								
Halcyon Rest	N&M	Indiv	25	..	..	21	63	.....
Psychoanalytic Sanatorium	Epil	Part	15	..	..	18	4	.....
Schenectady, 95,692—Schenectady								
General Electric Company Industrial Hospital	Indus	Indus	13	..	..	6	...	.....
Schenectady City Hosp.◎	Iso	City	36	..	..	18	303	.....
Schenectady County Home and Hospital	Inst	Co	35	..	..	9	347	.....
Sea Cliff, 3,456—Nassau								
Country Home for Convalescent Babies	Conv	Indep	70	..	..	40	495	.....
Staten Island, 158,346—Richmond								
New York City Farm Colony	Inst	City	1,366	..	..	1,293	652	.....
Sailors' Snug Harbor Hosp.	Gen	Indep	200	..	..	142	473	.....
Seaside Hospital◎	Chil	Indep	190	..	..	163	783	.....
Syracuse, 209,326—Onondaga								
Syracuse State School	MeDe	State	1,085	..	..	1,016	105	.....
Thiells, 320—Rockland								
Letchworth Village	MeDe	State	2,850	..	..	2,837	281	.....

NEW YORK—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Troy, 72,763—Rensselaer								
Rensselaer County Hospital	Chr	Co	60	..	..	30	750	.....
Troy Orphan Asylum	Inst	Indep	42	..	..	7	402	.....
Tupper Lake, 5,271—Franklin								
American Legion Mountain Camp	Conv	Indep	54	..	..	45	160	.....
Valhalla, 620—Westchester								
Blythedale Hospital and Home for Crippled Children	Orth	Indep	72	..	..	62	118	.....
Valley Cottage, 212—Rockland								
Reed Farm and Nichols Cottage	Conv	Indiv	24	..	..	24	82	.....
Wassaic, 260—Dutchess								
Wassaic State School	MeDe	State	2,700	..	..	2,137	1,208	.....
Watertown, 32,205—Jefferson								
Jefferson County Home	Inst	Co	32	..	..	30	...	.....
Wellsville, 5,674—Allegany								
Wellsville Sanitarium	Conv	Indiv	30	..	..	7	...	.....
White Plains, 35,830—Westchester								
Convalescent Hospital for Children	Conv	Indep	80	..	..	69	718	.....
Martine Farm Children's Cardiac Convalescent Home.	Conv	Indiv	25	..	..	25	...	.....
Williamsville, 3,119—Erie								
Josephine Goodyear Convalescent Home	Conv	Indiv	60	..	..	47	238	.....
Yonkers, 134,646—Westchester								
Hebrew National Orphan Home	Inst	Indep	9	..	..	2	83	.....
Leake and Watts Home School	Inst	Indep	38	..	..	5	...	.....
Sunny Rest Sanitarium	Conv	Indiv	12	..	..	8	12	.....
Yonkers City Hospital for Communicable Diseases	Iso	City	97	..	..	25	374	.....
Yorktown Heights, 1,300—Westchester								
Sound View School	MeDe	Part	23	..	..	15	6	.....

Summary for New York:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	468	130,980	111,330	1,023,073
Related institutions	134	23,585	20,343	43,466
Totals	602	154,565	131,673	1,066,539
Refused registration	30	1,124		

NORTH CAROLINA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Albemarle, 3,493—Stanly								
Yadkin Hospital	Gen	Indep	30	4	..	13	...	.....
Asheboro, 5,021—Randolph								
Randolph Hospital	Gen	Indep	36	6	25	15	487	.....
Asheville, 50,193—Buncombe								
Ambler Heights Sanitarium	TB	Indep	35	..	..	15	42	.....
Appalachian Hall◇	N&M	Indep	175	..	..	45	...	.....
Asheville Mission Hospital◇	Gen	Indep	107	17	189	56	1,867	1,081
Asheville Physiatric Institute	Metab	Indiv	35	..	..	8	...	200
Aston Park Hospital	Gen	Indep	50	7	103	31	1,111	452
Fairview Cottage Sanit.	TB	Indiv	130	..	..	50	38	.....
Noburn Hospital	Surg	Part	35	2	8	14	541	.....
St. Joseph's Sanatorium	TB	Chrch	95	..	..	51	60	.....
Sunset Heights	TB	Indep	32	..	..	12	56	.....
Zephyr Hill Sanatorium	TB	Indiv	30	..	..	20	48	.....
Badin, 3,040—Stanly								
Badin Hospital	Gen	Indus	25	3	16	6	265	1,200
Banner Elk, 340—Avery								
Grace Hospital◇	Gen	Chrch	52	8	54	34	882	2,150
Beaufort, 2,957—Carteret								
Potter Emergency Hospital	Gen	Indep	12	3	18	13	403	.....
Biltmore, 172—Buncombe								
Biltmore Hospital◇	Gen	Indep	52	10	98	15	747	238
Black Mountain, 737—Buncombe								
Beallmont Park Sanatorium	N&M	Indep	20	..	..	9	...	.....
Cragmont Sanatorium	TB	Indep	25	..	..	16	20	.....
Fellowship Sanatorium	TB	Frat	25	..	..	16	22	.....
Brevard, 2,339—Transylvania								
Lyday Memorial Hospital.	Gen	Indep	20	2	6	3	121	.....
Burlington, 9,737—Alamance								
Rainey Hospital	Gen	Part	40	2	23	19	596	.....
Charlotte, 82,675—Mecklenburg								
Charlotte Eye, Ear and Throat Hospital	ENT	Part	20	..	..	9	1,397	.....
Good Samaritan Hospital (col.)◇	Gen	Chrch	59	3	53	27	929	.....
Mercy Hospital◇	Gen	Chrch	104	22	252	52	1,868	456
New Charlotte Sanatorium.	Gen	Indep	75	10	..	43	2,013	.....
Presbyterian Hospital◇	Gen	Chrch	100	20	352	81	3,121	.....
St. Peter's Hospital	Gen	Chrch	66	12	..	47	...	.....
Cherokee, 35—Swain								
Eastern Cherokee Indian Hospital	Gen	I A	22	4	24	11	430	1,156
Concord, 11,820—Cabarrus								
Concord Hospital	Gen	Indep	20	4	..	7	...	.....
Crossnore, 181—Avery								
Garrett Memorial Hospital.	Gen	Indep	21	3	40	7	354	1,675
Durham, 52,037—Durham								
Duke Hospital✱✚◇	Gen	Indep	406	50	207	185	5,499	8,610

Key to symbols and abbreviations is on page 1021

NORTH CAROLINA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Lincoln Hospital (col.)★◇.	Gen	Indep	99	9	92	63	1,317	622
McPherson Hospital	ENT	Indiv	20	..	..	6	...	.....
Watts Hospital★✦◇	Gen	Indep	186	24	314	88	3,242	2,121
Elizabeth City, 10,037—Pasquotank								
Albemarle Hospital	Gen	Indep	30	5	37	13	458	251
Elkin, 2,357—Surry								
Hugh Chatham Memorial Hospital	Gen	Chrch	40	4	18	14	492	936
Erwin, 4,000—Harnett								
Good Hope Hospital.....	Gen	Indus	34	7	..	10	427	400
Fayetteville, 13,049—Cumberland								
Highsmith Hospital★◇	Gen	Indep	100	6	51	57	1,879	4,045
Pittman Hospital◇	Gen	Indep	78	8	108	55	1,500	3,600
Fletcher, 60—Henderson								
Mountain Sanit. and Hosp.	Gen	Indep	30	3	31	19	383	710
Ft. Bragg,—Cumberland								
Station Hospital	Gen	Army	83	4	59	56	1,974	4,474
Franklin, 1,094—Macon								
Angel Hospital	Gen	Indiv	50	4	6	42	1,991	4,265
Gastonia, 17,093—Gaston								
City Hospital	Gen	Indep	50	8	..	20	...	.....
Gaston Sanatorium◇	Gen	Indep	40	8	..	10	476	.....
North Carolina Orthopedic Hospital	Orth	State	150	..	..	143	341	3,607
Goldsboro, 14,985—Wayne								
Goldsboro Hospital	Gen	Indep	121	8	58	32	1,117	748
State Hospital (col.).....	Ment	State	1,919	..	..	1,860	432	.....
Greensboro, 53,569—Guilford								
Clinic Hospital	Gen	Indep	45	5	80	25	1,149	272
Glenwood Park Sanitarium	N&M	Indiv	30	..	..	17	304	.....
Reaves Eye, Ear, Nose and Throat Infirmary	ENT	Indiv	25	..	..	7	...	.....
L. Richardson Memorial Hospital (col.)★◇	Gen	Indep	58	6	32	30	675	948
St. Leo's Hospital◇.....	Gen	Chrch	81	5	88	43	1,689	.....
Sternberger Children's Hosp.	Gen	Indep	40	8	137	19	418	.....
Wesley Long Hospital.....	Gen	Indep	50	8	..	22	1,055	750
Greenville, 9,194—Pitt								
Pitt Community Hospital.	Gen	Indep	32	4	27	12	664	.....
Hamlet, 4,801—Richmond								
Hamlet Hospital	Gen	Indep	50	4	..	19	...	.....
Henderson, 6,345—Vance								
Jubilee Hospital (col.).....	Gen	Chrch	33	3	21	17	310	197
Maria Parham Hospital....	Gen	Indep	40	5	55	9	531	646
Vance County Hospital....	Gen	Co	30	6	26	12	221	225
Hendersonville, 5,070—Henderson								
Edgemont Sanatorium	TB	Indiv	24	..	..	6	...	.....
Patton Memorial Hospital.	Gen	Indep	50	6	..	10	...	.....
Hickory, 7,363—Catawba								
Richard Baker Hospital....	Gen	Indiv	35	4	..	14	...	.....
High Point, 36,745—Guilford								
Burrus Memorial Hospital◇	Gen	Indep	68	7	107	54	1,714	3,500
Guilford General Hospital◇	Gen	Part	35	6	..	24	1,691	.....
Huntersville, 800—Mecklenburg								
Mecklenburg Sanatorium ..	TB	Co	162	..	..	142	146	.....
Jamestown, 157—Guilford								
Guilford County Sanat....	TB	Co	106	..	..	104	143	826
Kinston, 11,362—Lenoir								
Memorial General Hospital.	Gen	Indep	32	4	32	15	628	897
Parrott Memorial Hospital	Gen	Indep	55	6	..	..	...	.....
Leaksville, 1,814—Rockingham								
Leaksville Hospital◇	Gen	Indep	30	5	21	17	803	.....
Lenoir, 6,532—Caldwell								
Caldwell Hospital	Gen	Indep	25	3	35	8	471	.....
Lexington, 9,652—Davidson								
Davidson Hospital	Gen	Indiv	24	6	19	7	329	.....
Lincolnton, 3,781—Lincoln								
Gamble Clinic	Gen	Indep	15	1	..	9	312	.....
Lincoln Hospital◇	Gen	Indiv	45	4	24	14	422	.....
Lumberton, 4,140—Robeson								
Baker Sanatorium◇	Gen	Indep	60	6	162	33	1,381	999
Thompson Memorial Hosp.◇	Gen	Indep	35	6	..	24	...	2,346
Marion, 2,467—McDowell								
Marion General Hospital..	Gen	Indep	30	5	18	9	382	88
Monroe, 6,100—Union								
Ellen Fitzgerald Hospital..	Gen	Indiv	45	12	47	30	784	1,097
Mooresville, 5,619—Iredell								
Lowrance Hospital◇	Gen	Indep	46	4	84	19	830	.....
Morehead City, 3,483—Carteret								
Morehead City Hospital...	Gen	City	28	3	30	11	327	186
Morganton, 6,001—Burke								
Broadoaks Sanatorium	N&M	Part	75	..	..	38	132	.....
Grace Hospital◇	Gen	Chrch	52	10	110	24	1,207	958
State Hospital	Ment	State	2,089	..	..	1,969	511	.....
Mt. Airy, 6,045—Surry								
Martin Memorial Hospital◇	Gen	Indiv	44	6	21	24	480	931
Murphy, 1,612—Cherokee								
Petrie Hospital	Gen	Indiv	12	1	..	New	...	.....
New Bern, 11,981—Craven								
St. Luke's Hospital◇.....	Gen	Indep	30	5	27	13	674	116
North Wilkesboro, 3,668—Wilkes								
Wilkes Hospital	Gen	Indiv	25	2	25	14	582	.....
Oteen, 504—Buncombe								
Veterans Admin. Facility...	TB	Vet	850	..	..	660	1,375	921
Oxford, 4,101—Granville								
Brantwood Hospital	Gen	Part	30	8	15	9	169	.....
Susie Clay Cheatham Memorial Hospital (col.).....	Gen	Indep	14	2	11	7	168	.....
Pinehurst, 55—Moore								
Moore County Hospital....	Gen	Indep	33	6	59	28	731	2,061
Raleigh, 37,379—Wake								
Mary Elizabeth Hospital◇..	Gen	Indiv	30	8	79	12	515	.....
Rex Hospital★◇	Gen	CyCo	110	16	252	71	2,492	2,515

NORTH CAROLINA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
St. Agnes Hospital (col.)★◇	Gen	Chrch	90	10	86	50	807	847
State Hospital◇	Ment	State	2,250	..	..	1,956	225	.....
Reidsville, 6,851—Rockingham								
Memorial Hospital	Gen	Indep	48	6	..	19	582	135
Roanoke Rapids, 3,404—Halifax								
Roanoke Rapids Hospital◇.	Gen	Indep	90	10	..	43	1,830	.....
Rocky Mount, 21,412—Edgecombe								
Atlantic Coast Line Hosp.	Indus	Indus	50	..	..	28	860	2,147
Park View Hospital★◇.....	Gen	Indep	100	15	74	52	1,350	1,107
Rocky Mount Sanitarium◇.	Gen	Indep	40	5	..	18	...	2,336
Rutherfordton, 2,020—Rutherford								
Rutherford Hospital◇	Gen	Indep	60	4	38	28	1,312	2,953
Salisbury, 16,951—Rowan								
Rowan General Hospital◇..	Gen	Indep	65	12	57	27	893	.....
Sanatorium, 57—Hoke								
North Carolina Sanat.✦◇..	TB	State	450	..	..	398	586	2,374
Sanford, 4,253—Lee								
Lee County Hospital.....	Gen	Co	47	8	33	13	504	280
Shelby, 10,789—Cleveland								
Shelby Hospital◇	Gen	CyCo	44	6	80	22	824	749
Smithfield, 2,543—Johnston								
Johnston County Hospital.	Gen	Indep	35	8	29	16	638	1,021
Southern Pines, 2,524—Moore								
Pine-Crest Manor Sanat...	TB	Indiv	60	..	..	17	33	.....
Southport, 1,760—Brunswick								
Brunswick County Hospital	Gen	CyCo	45	6	39	16	411	228
Statesville, 10,490—Iredell								
Davis Hospital★✦◇	Gen	Indep	120	12	92	68	2,561	15,982
H. F. Long Hospital◇.....	Gen	Indep	45	4	46	29	1,076	2,452
Sylva, 1,340—Jackson								
C. J. Harris Community Hospital	Gen	Indep	24	1	30	10	306	.....
Tarboro, 6,379—Edgecombe								
Edgecombe General Hosp..	Gen	Indep	49	6	16	12	453	250
Thomasville, 10,090—Davidson								
City Memorial Hospital...	Gen	City	33	3	38	14	506	.....
Tryon, 1,670—Polk								
St. Luke's Hospital.....	Gen	Indep	28	3	43	10	420	614
Wadesboro, 3,124—Anson								
Anson Sanatorium◇	Gen	Indep	50	5	60	20	729	.....
Washington, 7,035—Beaufort								
Riverview Hospital	Gen	Indiv	15	5	15	5	368	.....
Tayloe Hospital◇	Gen	Indep	35	5	29	27	1,010	2,533
Waynesville, 2,414—Haywood								
Haywood County Hospital	Gen	Co	50	6	54	30	861	203
Wilmington, 32,270—New Hanover								
Bulluck Hospital	Gen	Indiv	35	3	14	6	290	.....
Community Hospital (col.).	Gen	Indep	29	4	49	17	524	535
James Walker Memorial Hospital★◇	Gen	Indep	138	14	555	90	3,374	2,305
Wilmington Red Cross Sanit.	TB	Indep	35	..	..	26	32	74
Wilson, 12,613—Wilson								
Moore-Herring Hospital ...	Gen	Indep	50	4	62	23	867	.....
Winston-Salem, 75,274—Forsyth								
City Memorial Hospital★◇.	Gen	City	235	25	214	78	2,954	9,397
Forsyth County Sanatorium	TB	Co	134	..	..	127	168	665
North Carolina Baptist Hospital◇	Gen	Chrch	92	16	257	60	2,565	.....
Wrightsville Sound, 23—New Hanover								
Babies Hospital	Chil	Indep	30	5	..	12	135	.....

Related Institutions

Asheville, 50,193—Buncombe								
Elmhurst Cottage Sanit....	TB	Indiv	23	..	..	15	24	.....
Roye Cottage Sanitarium...	TB	Indiv	30	..	..	18	15	.....
Sherwood Sanatorium	TB	Indiv	20	..	..	12	18	.....
Violet Hill Sanatorium....	TB	Indiv	40	..	..	22	22	.....
Biltmore, 172—Buncombe								
Hillcroft Sanatorium	TB	Part	50	..	..	16	41	.....
Candler, 50—Buncombe								
Pisgah Sanitarium and Hosp.	Gen	Chrch	20	1	..	10	...	.....
Charlotte, 82,675—Mecklenburg								
Florence Crittenton Industrial Home	Mat	Indep	30	25	41	2	45.	.....
Junior League Baby Hosp.	Chil	Indep	24	..	..	20	50	.....
Thompson Orphanage and Training Institution	Inst	Chrch	14	..	..	2	146	.....
Davidson, 1,445—Mecklenburg								
Davidson College Infirmary	Inst	Indep	17	..	..	3	163	.....
Durham, 52,037—Durham								
Salvation Army Home and Hospital	Mat	Chrch	40	35	70	33	77	.....
Fayetteville, 13,049—Cumberland								
Fayetteville Eye, Ear, Nose and Throat Hospital.....	ENT	Part	10	..	..	2	246	2,469
Gastonia, 17,093—Gaston								
Gaston County Colored Hospital	Gen	Co	12	1	2	3	84	17
Halifax, 321—Halifax								
Halifax County Tuberculosis Sanitarium	TB	Co	24	..	..	16	50	.....
Henderson, 6,345—Vance								
Scott Parker Sanatorium...	TB	Co	14	..	..	11	...	.....
Hendersonville, 5,070—Henderson								
Dixon Health Resort.....	Conv	Indiv	20	..	..	4	...	.....
Kinston, 11,362—Lenoir								
Caswell Training School...	MeDe	State	645	..	..	641	...	.....
Monroe, 6,100—Union								
Quality Hill Sanit. (col.)...	Gen	Indiv	14	3	8	4	140	130
North Wilkesboro, 3,668—Wilkes								
Wilkes County Tuber. Hut	TB	Co	14	..	..	4	...	.....
Oxford, 4,101—Granville								
William J. Hicks Memorial Hospital	Inst	Frat	72	..	..	8	300	.....

Key to symbols and abbreviations is on page 1021

NORTH CAROLINA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Raleigh, 37,379—Wake								
North Carolina State School for the Blind and Deaf	Inst	State	18	..	..	3	160	.....
Wake County Home Hosp.	Inst	Co	110	..	..	128	30	.....
Saluda, 558—Polk								
Infants and Children's Sanitarium	Chil	Indiv	55	..	..	25	123	.....
Spartanburg Baby Hospital	Chil	Indep	36	..	..	23	136	.....
Tarboro, 6,379—Edgecombe								
Bass Memorial Hospital	Gen	Indiv	8	5	9	4	175	.....
Thomasville, 10,090—Davidson								
Mills Home Infirmary	Inst	Chrch	30	..	..	1	314	.....
Wake Forest, 1,536—Wake								
Wake Forest College Infirmary	Inst	Indep	16	..	..	2	173	.....
Wilson, 12,613—Wilson								
Mercy Hospital (col.)	Gen	CyCo	25	2	16	12	220	.....
Winston-Salem, 75,274—Forsyth								
Heath Memorial Infirmary of the Children's Home	Inst	Chrch	48	..	..	7	...	.....

Summary for North Carolina:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	125	14,447	10,439	101,747
Related institutions	30	1,480	1,059	3,083
Totals	155	15,927	11,498	104,830
Refused registration	7	226		

NORTH DAKOTA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Belcourt, 205—Rolette								
Turtle Mountain Hospital	Gen	I A	47	6	113	46	986	129
Bismarck, 11,090—Burleigh								
Bismarck Hospital◇	Gen	Chrch	128	12	144	76	2,008	.....
St. Alexius Hospital◇	Gen	Chrch	150	12	159	71	1,869	.....
Bottineau, 1,322—Bottineau								
St. Andrew's Hospital◇	Gen	Chrch	50	7	99	25	920	.....
Bowman, 888—Bowman								
Bowman Hospital	Gen	Indiv	10	6	..	..	...	.....
Carrington, 1,717—Foster								
Carrington Hospital	Gen	Indep	22	6	30	8	275	.....
Devils Lake, 5,451—Ramsey								
General Hospital◇	Gen	Indep	40	6	59	23	1,498	365
Mercy Hospital◇	Gen	Chrch	68	12	126	38	1,284	.....
Dickinson, 5,025—Stark								
St. Joseph's Hospital	Gen	Chrch	78	10	115	27	924	.....
Drayton, 502—Pembina								
Drayton Hospital	Gen	Indep	14	2	18	6	275	.....
Edgeley, 821—La Moure								
Edgeley Hospital	Gen	Indiv	12	..	..	6	...	.....
Fargo, 28,619—Cass								
St. John's Hospital★◇	Gen	Chrch	145	30	382	75	2,387	.....
St. Luke's Hospital◇	Gen	Chrch	108	17	147	59	1,854	.....
Veterans Admin. Facility	Gen	Vet	100	..	..	41	471	140
Ft. Totten, 61—Benson								
Ft. Totten Hospital	Gen	I A	35	4	45	20	803	2,968
Ft. Yates, 400—Sioux								
Standing Rock Indian Hosp.	Gen	I A	36	2	54	15	659	5,579
Grafton, 3,136—Walsh								
Grafton Deaconess Hosp.◇	Gen	Chrch	44	6	167	23	899	.....
Grand Forks, 17,112—Grand Forks								
Grand Forks Deaconess Hospital◇	Gen	Indep	85	24	239	39	1,887	.....
St. Michael's Hospital◇	Gen	Chrch	55	15	164	39	1,158	111
Harvey, 2,157—Wells								
Good Samaritan Hospital and Sanitarium	Gen	Indep	40	6	47	6	342	.....
Jamestown, 8,187—Stutsman								
North Dakota State Hospital for Insane✚	Ment	State	2,000	..	..	1,635	329	.....
Trinity Hospital◇	Gen	Chrch	80	12	189	42	1,516	.....
Kenmare, 1,494—Ward								
Kenmare Deaconess Hosp.	Gen	Chrch	40	5	42	12	370	.....
Mandan, 5,037—Morton								
Mandan Deaconess Hosp.	Gen	Chrch	35	6	69	20	756	.....
McVille, 513—Nelson								
Community Hospital	Gen	Indep	12	1	44	10	349	.....
Minot, 16,099—Ward								
McCannel's Private Hosp.	ENT	Indiv	15	1	..	4	575	.....
St. Joseph's Hospital◇	Gen	Chrch	86	14	142	47	1,054	.....
Trinity Hospital◇	Gen	Chrch	121	16	197	68	1,764	231
New Rockford, 2,195—Eddy								
Donahue Hospital	Gen	Indiv	10	3	20	3	150	.....
Northwood, 971—Grand Forks								
Northwood Deaconess Hosp.	Gen	Indep	35	4	40	9	296	.....
Oakes, 1,709—Dickey								
St. Anthony's Hospital	Gen	Chrch	20	5	25	5	165	.....
Portal, 512—Burke								
Parker Hospital	Gen	Indiv	11	3	17	2	128	.....
Rolette, 428—Rolette								
Community Hospital	Gen	Indep	24	5	75	9	700	.....
Rugby, 1,512—Pierce								
Good Samaritan Hospital◇	Gen	Chrch	45	12	176	27	1,108	.....
San Haven,—Rolette								
North Dakota State Tuberculosis Sanatorium	TB	State	243	..	..	220	189	.....

NORTH DAKOTA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Valley City, 5,268—Barnes								
Mercy Hospital◇	Gen	Chrch	75	11	74	36	1,250	.....
Wahpeton, 3,176—Richland								
Wahpeton Hospital	Gen	Part	25	5	18	14	425	.....
Williston, 5,106—Williams								
Good Samaritan Hospital	Gen	Chrch	43	7	92	19	693	.....
Mercy Hospital◇	Gen	Chrch	75	10	68	17	803	.....
Related Institutions								
Ambrose, 334—Divide								
Good Samaritan Hospital	Gen	Chrch	20	4	..	1	120	.....
Arvilla, 348—Grand Forks								
Grand Forks County Hosp.	Inst	Co	70	..	..	62	22	.....
Beach, 1,263—Golden Valley								
Beach Hospital	Gen	Indep	10	4	..	2	...	.....
Bismarck, 11,090—Burleigh								
North Dakota State Penitiary Hospital	Inst	State	40	..	..	20	435	.....
Elgin, 505—Grant								
Dr. F. C. Lorenzen Hosp.	Gen	Indiv	5	2	..	5	...	.....
Fargo, 28,619—Cass								
Camp Maternity Hospital	Mat	Indiv	15	9	120	4	120	.....
Cass County Hospital	Inst	Co	30	2	..	25	350	.....
City Detention Hospital	Iso	City	45	..	..	1	20	.....
Florence Crittenton Home	Mat	Indep	55	35	74	11	129	.....
Grafton, 3,136—Walsh								
Grafton State School	MeDe	State	745	..	..	693	81	.....
Grand Forks, 17,112—Grand Forks								
Grand Forks City Hospital	Iso	City	18	..	..	1	26	.....
Linton, 1,192—Emmons								
Wolverton Hospital	Gen	Indiv	5	5	..	..	...	.....
Lisbon, 1,650—Ransom								
Lisbon Hospital	Gen	Part	7	..	..	3	57	.....
Mayville, 1,199—Traill								
Union Hospital	Gen	Indep	10	2	..	4	221	.....
Wahpeton, 3,176—Richland								
Wahpeton Indian School Hospital	Gen	I A	25	..	..	10	243	681

Summary for North Dakota:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	38	4,232	2,837	33,320
Related institutions	15	1,029	812	1,821
Totals	53	5,261	3,649	35,141
Refused registration	3	53		

OHIO

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Akron, 255,040—Summit								
Children's Hospital✚⊙	Chil	Indep	110	..	..	64	1,998	.....
City Hospital★✚◇	Gen	Indep	312	38	895	164	5,115	12,335
Peoples Hospital★	Gen	Indep	136	20	466	79	2,704	3,598
St. Thomas Hospital★◇	Gen	Chrch	143	40	406	87	2,527	.....
Alliance, 23,047—Stark								
Alliance City Hospital◇	Gen	City	85	10	137	41	1,208	.....
Amherst, 2,844—Lorain								
Pleasant View Sanatorium	TB	Co	98	..	..	94	96	.....
Ashland, 11,141—Ashland								
Samaritan Hospital◇	Gen	Indep	26	12	106	15	598	.....
Ashtabula, 23,301—Ashtabula								
Ashtabula General Hosp.◇	Gen	Indep	90	14	92	31	927	.....
Athens, 7,252—Athens								
Athens State Hospital	Ment	State	1,641	..	..	1,496	350	.....
Sheltering Arms Hospital	Gen	Indiv	25	3	27	8	324	.....
Barberton, 23,934—Summit								
Citizens Hospital	Gen	Indep	46	8	93	22	831	.....
Bedford, 6,814—Cuyahoga								
Bedford Municipal Hospital	Gen	City	24	8	102	9	480	.....
Bellaire, 13,327—Belmont								
City Hospital	Gen	Indep	45	5	50	15	566	.....
Bellefontaine, 9,543—Logan								
Harbert Hospital	ENT	Indiv	10	..	..	1	50	.....
Bellevue, 6,256—Huron								
Bellevue Hospital	Gen	Indep	29	6	..	8	...	.....
Berea, 5,697—Cuyahoga								
Community Hospital	Gen	Indep	30	9	108	17	703	.....
Bucyrus, 10,027—Crawford								
Bucyrus City Hospital	Gen	City	37	6	21	10	333	.....
Cambridge, 14,613—Guernsey								
Swan Hospital	Gen	Indep	18	4	..	8	298	.....
Wells Hospital	Gen	Chrch	22	4	1	12	317	.....
Canton, 104,906—Stark								
Aultman Hospital◇	Gen	Indep	135	24	247	57	2,183	.....
Mercy Hospital★◇	Gen	Chrch	172	34	361	91	3,480	.....
Molly Stark Sanatorium	TB	Co	166	..	..	161	204	1,200
Celina, 4,664—Mercer								
Otis Hospital	Gen	Indiv	19	4	13	6	187	.....
Chillicothe, 18,340—Ross								
Chillicothe Hospital	Gen	Indep	60	6	59	23	500	41
Mt. Logan Sanatorium	TB	Co	56	..	..	52	43	.....
Veterans Admin. Facility	Ment	Vet	944	..	..	838	427	.....
Cincinnati, 451,160—Hamilton								
Bethesda Hospital★◇	Gen	Chrch	197	40	728	141	4,309	1,284
Children's Hospital✚⊙	Chil	Chrch	221	..	..	83	2,415	2,633

Key to symbols and abbreviations is on page 1021

OHIO—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Christ Hospital*◇	Gen	Chrch	318	48	506	171	4,327	1,461
Christian R. Holmes Hosp.	Gen	City	50	..	..	23	489	.....
Cincinnati General Hospital*+◇	Gen	City	925	65	1,737	811	11,616	26,197
Cincinnati Sanitarium+	N&M	Indep	100	..	..	66	127	.....
Deaconess Hospital*◇	Gen	Chrch	150	25	373	79	2,598	314
Good Samaritan Hosp.*+◇	Gen	Chrch	465	70	1,400	275	9,937	2,498
Grandview Hospital	N&M	Indep	40	..	..	20	150	.....
Hamilton County Tuberculosis Sanatorium	TB	Co	635	..	..	520	529	.....
Jewish Hospital*+◇	Gen	Indep	225	37	484	112	3,679	.....
Longview State Hospital	Ment	State	2,378	..	..	2,242	571	596
St. Mary Hospital*◇	Gen	Chrch	190	20	..	127	3,193	3,634
Circleville, 7,369—Pickaway								
Berger Hospital	Gen	City	25	4	47	8	322	.....
Cleveland, 900,429—Cuyahoga								
Babies and Childrens Hosp.	(Included in University Hospitals)							
Charity Hospital*+◇	Gen	Chrch	301	..	..	201	5,477	7,372
City Hospital*+◇	Gen	City	1,600	50	1,577	1,207	13,801	11,568
Cleveland Clinic Foundation Hospital	Gen	Indep	250	..	..	125	4,356	.....
Cleveland State Hospital+◇	Ment	State	2,500	..	..	2,386	290	.....
East 55th Street Hospital	Gen	Part	60	12	8	10	365	.....
Evangelical Deaconess Hosp.	Gen	Chrch	109	35	422	52	1,476	.....
Evangelical Lutheran Hospital◇	Gen	Chrch	142	31	397	64	1,970	.....
Fairview Park Hospital◇	Gen	Chrch	92	18	371	61	1,979	7,631
Glenville Hospital◇	Gen	Indep	60	7	253	54	1,451	1,403
Grace Hospital	Gen	Indep	32	..	1	16	991	.....
Huron Road Hospital*◇	Gen	Indep	106	14	288	60	2,604	1,101
Lakeside Hospital	(Included in University Hospitals)							
Maternity Hospital	(Included in University Hospitals)							
Mt. Sinai Hospital*+◇	Gen	Indep	225	45	573	141	6,446	10,183
Polyclinic Hospital	Gen	Indep	105	15	..	60	...	.....
Provident Hospital	Gen	Indep	25	12	98	5	264	.....
St. Alexis Hospital*+◇	Gen	Chrch	220	..	..	121	3,835	9,974
St. Ann's Maternity Hosp.+⊙	Mat	Chrch	59	59	1,184	68	1,288	.....
St. John's Hospital*+◇	Gen	Chrch	173	34	692	121	3,685	.....
St. Luke's Hospital*+◇	Gen	Chrch	339	55	877	176	5,910	9,322
Shaker Sanitarium	N&M	Indep	105	..	..	62	125	.....
U. S. Marine Hospital	Gen	USPH	251	..	..	214	1,986	3,437
University Hospitals*+◇	Gen	Indep	474	65	1,792	406	12,003	18,741
Windsor Hospital	N&M	Indep	70	..	..	60	148	.....
Woman's Hospital*	Gen	Indep	89	31	430	43	1,765	.....
Columbus, 290,564—Franklin								
Children's Hospital+⊙	Chil	Indep	88	12	..	65	2,584	.....
Columbus Radium Hosp.	Gen	Indep	32	6	60	20	610	.....
Columbus State Hospital+	Ment	State	2,800	..	..	2,638	743	.....
Franklin County Sanat.	TB	Co	210	..	..	196	188	134
Dr. Gaver Sanitarium	N&M	Indiv	25	..	..	18	...	.....
Grant Hospital*◇	Gen	Indep	303	30	433	167	4,987	.....
McMillen Sanitarium	N&M	Indep	40	..	..	22	108	.....
Mercy Hospital◇	Gen	Indep	65	15	96	50	1,321	.....
Mt. Carmel Hospital*◇	Gen	Chrch	224	25	371	125	3,380	.....
St. Ann's Infant Asylum and Maternity Hospital	Mat	Chrch	25	25	380	10	392	.....
St. Clair Hospital	Gen	Indep	35	4	8	15	270	310
St. Francis Hospital*◇	Gen	Chrch	158	..	..	147	3,228	.....
Sanor Eye, Ear, Nose and Throat Hospital	ENT	Indiv	15	..	..	1	128	.....
Starling-Loving University Hospital*+◇	Gen	State	251	25	559	177	4,814	2,087
Station Hospital	Gen	Army	50	4	37	22	675	3,361
White Cross Hospital*◇	Gen	Chrch	247	30	488	113	3,419	1,417
Conneaut, 9,691—Ashtabula								
Brown Memorial Hospital	Gen	Indep	30	5	54	10	464	.....
Cortland, 940—Trumbull								
Dr. McCurley's Private Hosp.	Gen	Indiv	10	3	13	4	88	.....
Coshocton, 10,908—Coshocton								
Coshocton City Hospital◇	Gen	City	36	8	..	22	...	.....
Crestline, 4,425—Crawford								
Crestline Emergency Hosp.	Gen	Indep	16	4	6	4	122	.....
Cuyahoga Falls, 19,797—Summit								
Fair Oaks Villa	N&M	Indep	60	..	..	38	155	.....
Dayton, 200,982—Montgomery								
Dayton State Hospital+	Ment	State	1,554	1	3	1,459	428	253
Good Samaritan Hospital◇	Gen	Chrch	200	50	318	57	1,586	.....
Miami Valley Hospital*+◇	Gen	Indep	339	44	1,197	211	7,295	10,332
Orchard Springs Sanitarium	N&M	Indep	21	..	..	8	36	.....
St. Elizabeth Hospital*◇	Gen	Chrch	385	35	1,080	248	7,040	20,764
Stillwater Sanatorium	TB	Co	94	..	..	92	142	.....
Veterans Admin. Facility	Gen	Vet	1,105	..	..	450	4,538	50
Defiance, 8,818—Defiance								
Defiance County Hospital	Gen	Indep	18	4	12	8	368	.....
Dennison, 4,529—Tuscarawas								
Twin City Hospital	Gen	Indep	30	4	16	7	272	.....
Dover, 9,716—Tuscarawas								
Union Hospital	Gen	Indep	75	10	45	28	726	.....
East Akron,—Summit								
Springfield Lake Sanat.	TB	Co	208	..	..	212	122	2,500
East Liverpool, 23,329—Columbiana								
East Liverpool City Hosp.◇	Gen	City	89	10	116	37	1,330	387
Elyria, 25,633—Lorain								
Elyria Clinic Hospital	Gen	Indep	22	3	..	7	368	.....
Elyria Memorial Hosp.*◇	Gen	Indep	154	20	387	65	1,774	.....
Findlay, 19,363—Hancock								
Home and Hospital	Gen	City	63	12	146	26	945	.....
Fremont, 13,422—Sandusky								
Community Hospital	Gen	Indiv	14	4	15	7	216	.....
Memorial Hospital of Sandusky County	Gen	Co	38	12	184	26	743	.....
Gallon, 7,674—Crawford								
Good Samaritan Hospital	Gen	Indep	12	4	13	4	167	.....

OHIO—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Gallipolis, 7,106—Gallia								
Holzer Hospital◇	Gen	Part	51	4	32	33	1,180	767
Ohio Hospital for Epileptics	Epil	State	1,917	..	..	2,060	327	.....
Green Springs, 750—Seneca								
Oak Ridge Sanatorium	TB	Indep	100	..	..	New	...	.....
Greenville, 7,036—Darke								
Greenville Hospital	Gen	Indep	28	4	46	14	516	.....
Hamilton, 52,176—Butler								
Fort Hamilton Hospital	Gen	Indep	85	24	262	37	1,217	.....
Mercy Hospital*◇	Gen	Chrch	195	25	432	82	1,880	2,658
Hicksville, 2,445—Defiance								
Amaden Hospital	Gen	Indiv	10	2	3	1	62	.....
Hillsboro, 4,040—Highland								
Hillsboro Hospital	Gen	Indep	14	4	21	6	190	.....
Ironton, 16,621—Lawrence								
Charles S. Gray Deaconess Hospital	Gen	City	28	5	44	13	600	.....
Kenton, 7,069—Hardin								
McKitrick Hospital	Gen	Indep	21	5	30	17	432	41
San Antonio Hospital	Gen	Chrch	25	5	42	8	350	.....
LaCarne, 175—Ottawa								
Station Hospital	Gen	Army	20	..	..	1	54	923
Lakewood, 70,509—Cuyahoga								
Lakewood City Hospital◇	Gen	Indep	72	16	245	55	3,385	3,675
Lima, 42,287—Allen								
District Tuberculosis Hosp.	TB	Co	139	..	..	106	170	131
Lima Memorial Hospital◇	Gen	Indep	127	17	247	60	2,135	2,000
Lima State Hospital	Ment	State	1,130	..	..	1,072	121	.....
St. Rita's Hospital◇	Gen	Chrch	100	16	198	58	2,068	76
Lodi, 1,273—Medina								
Lodi Hospital	Gen	Indep	18	5	27	5	202	.....
Logan, 6,080—Hocking								
Cherrington Hospital	Gen	Part	35	4	18	12	303	.....
Lorain, 44,512—Lorain								
St. Joseph's Hospital	Gen	Chrch	100	20	263	40	1,513	.....
Mansfield, 33,525—Richland								
Mansfield General Hospital◇	Gen	Indep	72	10	254	57	2,102	257
Thomas Hospital	Gen	Indiv	17	4	45	4	179	.....
Marietta, 14,285—Washington								
Marietta Memorial Hospital	Gen	Indep	64	10	116	27	1,046	.....
Tremont Hospital	Gen	Indiv	12	3	6	2	42	.....
Marion, 31,084—Marion								
Marion City Hospital	Gen	City	38	12	78	19	709	.....
Sawyer Sanatorium	N&M	Part	50	..	..	26	112	.....
Martins Ferry, 14,525—Belmont								
Martins Ferry Hospital◇	Gen	Indep	70	5	95	42	1,748	.....
Massillon, 26,400—Stark								
Massillon City Hospital◇	Gen	Indep	92	14	235	40	1,696	.....
Massillon State Hospital+	Ment	State	2,850	..	..	2,712	735	875
McConnelsville, 1,754—Morgan								
Rocky Glen Sanatorium	TB	Indep	125	..	..	125	152	.....
Mentor, 1,589—Lake								
Dellhurst Sanitarium	N&M	Indep	150	..	..	80	126	.....
Middletown, 29,992—Butler								
Middletown Hospital◇	Gen	Indep	86	14	313	43	1,867	2,005
Mt. Vernon, 9,370—Knox								
Mercy Hospital	Gen	Chrch	38	10	71	11	610	.....
Mt. Vernon Hospital-Sanit.	Gen	Indiv	50	8	25	20	487	1,200
Ohio State Sanatorium+	TB	State	240	..	..	214	390	.....
Napoleon, 4,545—Henry								
S. M. Heller Memorial Hosp.	Gen	City	16	2	..	8	225	.....
Newark, 30,596—Licking								
Licking County Tuberculosis Sanatorium	TB	Co	58	2	..	50	134	293
Newark Hospital◇	Gen	Indep	76	15	174	26	1,258	.....
North Royalton (Brecksville P.O.), 1,397—Cuyahoga								
Mount Royal Sanatorium	TB	Indep	48	..	..	43	50	.....
Norwalk, 7,776—Huron								
Norwalk Memorial Hospital	Gen	Indep	27	8	80	14	428	.....
Oberlin, 4,292—Lorain								
Allen Hospital, Oberlin College	Gen	Indep	36	5	33	10	669	1,082
Oxford, 2,588—Butler								
Oxford Retreat	N&M	Indep	30	..	..	19	22	.....
Perrysburg, 3,182—Wood								
Community Hospital	Gen	Indiv	12	3	16	7	330	.....
Rheinfrank Hospital	Goiter	Indiv	13	..	..	10	175	.....
Piqua, 16,009—Miami								
Memorial Hospital	Gen	Indep	60	6	110	25	858	.....
Pt. Clinton, 4,408—Ottawa								
Pool Hospital	Gen	Indiv	17	3	9	13	299	.....
Portsmouth, 42,560—Scioto								
Mercy Hospital◇	Gen	Chrch	65	10	101	27	997	.....
Portsmouth General Hosp.◇	Gen	City	90	10	121	36	1,207	.....
Schirrmann Hospital◇	Gen	Indiv	44	6	11	11	373	4,042
Ravenna, 8,019—Portage								
Robinson Memorial Hosp.	Gen	Co	44	5	64	23	739	1,150
St. Clairsville, 2,440—Belmont								
Belmont Sanatorium	TB	Co	55	..	..	52	46	.....
Salem, 10,622—Columbiana								
Central Clinic and Hosp.	Gen	Indep	30	6	23	17	419	.....
Salem City Hospital◇	Gen	Indep	48	12	75	22	854	.....
Sandusky, 24,622—Erie								
Good Samaritan Hospital◇	Gen	Indep	54	9	121	34	917	.....
Providence Hospital◇	Gen	Chrch	60	10	140	27	705	180
Shelby, 6,198—Richland								
Shelby Memorial Hospital.	Gen	Indep	27	5	60	9	373	.....
Sidney, 9,301—Shelby								
Wilson Memorial Hospital.	Gen	Indep	20	5	50	11	426	.....
South Euclid, 4,399—Cuyahoga								
Rainbow Hosp. for Crippled and Convalescent Children	(Included in Univ. Hospitals, Cleveland)							

Key to symbols and abbreviations is on page 1021

OHIO—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Springfield, 68,743—Clark								
Clark County Tuberculosis Sanatorium	TB	Co	120	..	..	99	121	168
Quinn Private Hospital	Gen	Indiv	18	6	31	3	66	.....
Springfield City Hospital★◇	Gen	City	260	40	456	96	3,011	4,146
Steubenville, 35,422—Jefferson								
Gill Memorial Hospital	Gen	Chrch	30	2	36	18	684	.....
Ohio Valley Hospital◇	Gen	Indep	115	10	130	61	2,043	.....
Tiffin, 16,428—Seneca								
Mercy Hospital	Gen	Chrch	35	8	73	15	706	.....
Toledo, 290,718—Lucas								
East Side Hospital	Gen	Indep	41	5	19	16	626	.....
Flower Hospital★◇	Gen	Chrch	100	25	307	56	2,063	.....
Lucas County General Hospital★◇	Gen	Co	282	33	765	232	4,351	9,722
Lucas County Tuber. Hosp.	TB	Co	190	..	..	178	238	879
Mercy Hospital★◇	Gen	Chrch	101	25	240	51	1,864	454
Robinwood Hospital◇	Gen	Chrch	91	13	133	38	1,098	.....
St. Vincent's Hospital★◇	Gen	Chrch	309	45	655	228	8,277	8,566
Toledo Hospital★◇	Gen	Indep	250	25	271	82	2,145	.....
Toledo Sanitarium	N&M	Indep	29	..	..	8	126	.....
Toledo State Hospital◇	Ment	State	2,459	..	..	2,353	671	206
Women's and Children's Hospital★◇	Gen	Indep	135	29	282	41	1,329	1,348
Troy, 8,675—Miami								
Stouder Memorial Hospital	Gen	City	40	10	62	13	629	.....
Urbana, 7,742—Champaign								
Champaign County Hosp.	Gen	Co	28	6	..	18	290	.....
Van Wert, 8,472—Van Wert								
Van Wert County Hospital	Gen	Co	50	8	..	20	550	.....
Wadsworth, 5,930—Medina								
Wadsworth Municipal Hosp.	Gen	City	25	12	60	11	416	.....
Warren, 41,062—Trumbull								
St. Joseph's Riverside Hosp.	Gen	Chrch	40	10	173	24	952	.....
Trumbull County Tuberculosis Sanatorium	TB	Co	50	..	..	46	92	1,050
Warren City Hospital◇	Gen	Indep	125	18	191	55	1,663	.....
Warrensville, 1,507—Cuyahoga								
Sunny Acres, Cleveland Tuberculosis Sanatorium	TB	City	463	..	..	426	512	2,242
Wauseon, 2,889—Fulton								
De Ette Harrison Detwiler Memorial Hospital	Gen	Indep	46	10	55	21	774	124
Willard, 4,514—Huron								
Willard Municipal Hospital	Gen	City	24	6	54	9	414	.....
Wilmington, 5,332—Clinton								
Dr. Kelley Hale Surgical Hospital	Gen	Indiv	17	7	3	4	191	.....
Wooster, 10,742—Wayne								
Kinney and Knestrick Hosp.	Gen	Indep	26	5	..	10	408	.....
Wooster Hospital	Gen	Indiv	29	2	3	10	236	.....
Worthington, 1,239—Franklin								
Columbus Rural Rest Home	N&M	Indep	36	..	..	17	183	.....
Xenia, 10,507—Greene								
McClellan Hospital	Gen	Indep	21	4	31	13	437	.....
Youngstown, 170,002—Mahoning								
Mahoning Tuberculosis Sanatorium	TB	Co	112	..	..	112	226	3,143
St. Elizabeth's Hospital★◇	Gen	Chrch	246	54	465	121	3,559	5,000
Youngstown Hospital★◇	Gen	Indep	383	67	637	152	5,555	6,934
Zanesville, 36,440—Muskingum								
Bethesda Hospital◇	Gen	Chrch	110	20	232	67	2,144	.....
Good Samaritan Hospital◇	Gen	Chrch	120	20	215	58	1,741	.....
Related Institutions								
Akron, 255,040—Summit								
Akron Clinic	Gen	Part	12	..	..	3	920	2,900
Goodyear Hospital and Dispensary	Indus	Indus	25	..	..	6	116	.....
Apple Creek, 459—Wayne								
Institution for Feebleminded	MeDe	State	460	..	..	435	49	.....
Bluffton, 2,035—Allen								
Bluffton Community Hosp.	Gen	Indep	9	3	..	3	117	.....
Cambridge, 14,613—Guernsey								
Childrens and Maternity Hospital	Mat	Indep	8	8	..	2	98	.....
Chagrin Falls, 2,739—Cuyahoga								
Maynard Hospital	Chil	Chrch	24	..	..	3	175	.....
Chardon, 1,818—Geauga								
Sperry Home	Mat	Indiv	10	5	..	2	...	.....
Cincinnati, 451,160—Hamilton								
Catherine Booth Home and Hospital	Mat	Chrch	10	25	88	8	244	.....
Child Guidance Home	N&M	Indep	15	..	..	9	123	400
Children's Convalescent Home	Inst	Indep	100	..	..	80	260	.....
Children's Home	Inst	Indep	38	..	..	10	486	.....
Evangeline Booth Home and Hospital	Mat	Chrch	34	4	31	3	79	.....
Hamilton County Home and Chronic Disease Hospital	Inst	Co	182	..	..	127	384	.....
Home for Incurables	Inc	Indep	72	..	..	64	11	.....
Jewish Convalescent Home	Conv	Indep	75	10	..	35	400	.....
Maple Knoll Hospital and Home for the Friendless	Mat	Indep	80	18	135	8	175	.....
Ophthalmic Hospital	ENT	Indiv	10	..	..	1	162	3,556
Ridge Rest Home	N&M	Indep	33	..	..	21	51	.....
St. Francis Hospital for Incurables	Inc	Chrch	295	..	..	209	173	.....
St. Joseph Maternity Hosp. and Infant Asylum	Mat	Chrch	40	30	101	2	...	.....

OHIO—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
St. Michaels Convalescent Home	Conv	Indep	28	..	..	25	138	.....
Cleveland, 900,429—Cuyahoga								
Booth Memorial Home and Hospital	Mat	Chrch	13	13	81	5	107	.....
Children's Fresh Air Camp and Hospital	Conv	Indep	60	..	..	63	196	.....
Convalescent Tuberculosis Hospital	TB	City	48	..	..	47	...	.....
Emergency Hospital	Emer	Part	20	..	..	10	409	2,600
Florence Crittenton Home.	Mat	Indep	15	13	16	7	...	.....
Jewish Orphan's Home	Inst	Frat	34	..	..	4	...	.....
St. Luke's Convalescent Hospital for Children	Orth	Indiv	62	..	..	25	40	.....
Columbus, 290,564—Franklin								
Florence Crittenton Home..	Mat	Indep	28	24	36	24	45	.....
Franklin County Home	Inst	Co	125	3	..	123	...	.....
Institution for Feebleminded	MeDe	State	2,100	..	..	2,077	369	.....
Ohio Penitentiary Hospital.	Inst	State	132	..	..	118	118	.....
St. Anthony's Hospital	Inst	Chrch	220	..	..	200	435	.....
Covington, 1,807—Miami								
Covington Hospital	Gen	Part	8	2	8	3	82	.....
Dayton, 200,982—Montgomery								
Dayton Door of Hope	Mat	City	14	8	..	7	23	.....
Quarantine Hospital	Iso	City	25	1	..	..	5	.....
Delaware, 8,675—Delaware								
Girls' Industrial School Hosp.	Inst	State	32	..	..	15	299	.....
Euclid, 12,751—Cuyahoga								
Ream Sanitarium	Conv	Indiv	25	..	..	12	26	.....
Rose-Mary Home	Orth	Chrch	24	..	..	16	8	.....
Fairfield, 1,240—Greene								
Station Hospital	Gen	Army	15	..	..	1	47	.....
Granville, 1,467—Licking								
Whisler Hall Memorial Hosp.	Inst	Indep	20	..	..	2	195	.....
Hamilton, 52,176—Butler								
Butler County Home	TB	Co	20	..	..	6	19	.....
Ruth Hospital	Inst	Indep	8	5	..	3	127	.....
Lakewood, 70,509—Cuyahoga								
Wright's Sanit. (For Men).	N&M	Indiv	21	..	..	5	42	.....
Wright's Sanit. (For Women)	N&M	Indiv	20	..	..	4	37	.....
Lancaster, 18,716—Fairfield								
Boys' Industrial School Hospital	Inst	State	100	..	..	28	760	.....
Lebanon, 3,222—Warren								
Blair Brothers Hospital	Gen	Part	8	3	17	4	170	.....
Lima, 42,287—Allen								
Herr's Hospital Clinic	Gen	Indep	6	..	..	4	...	.....
Mansfield, 33,525—Richland								
Ohio State Reformatory	Inst	State	170	..	..	47	1,113	.....
Marblehead, 1,027—Ottawa								
Kelley Island Lime and Transport Company Hosp.	Gen	Indus	6	1	4	1	47	172
Marysville, 3,639—Union								
Ohio Reformatory for Women	Inst	State	33	5	4	4	471	.....
Munroe Falls, 302—Summit								
Summit County Hospital.	Inst	Co	70	..	2	38	138	.....
New London, 1,527—Huron								
New London Hospital	Gen	Indep	9	3	18	3	105	.....
Orient, 255—Pickaway								
Institution for Feebleminded	MeDe	State	2,566	..	..	2,501	180	.....
Oxford, 2,588—Butler								
Miami University Student Hospital	Inst	State	24	..	..	8	828	.....
Springfield, 68,743—Clark								
Ohio Rebekah Hospital	Inst	Frat	75	..	..	55	327	.....
Rickly Memorial Hospital..	Inst	Frat	241	..	..	226	240	.....
Springfield Eye, Ear, Nose and Throat Hospital	ENT	Indiv	6	2	..	..	96	1,000
State Soldiers Home,—Erie								
Ohio Soldiers and Sailors Home Hospital	Inst	State	200	..	..	101	502	.....
Tiffin, 16,428—Seneca								
Kentucky Memorial Hosp..	Inst	Frat	50	..	..	21	921	.....
Toledo, 290,718—Lucas								
Lucas County Hosp. Annex.	Chron	Co	110	..	..	112	177	.....
Municipal Hospital for Contagious Diseases	Iso	City	44	..	..	7	237	.....
Warrensville, 1,507—Cuyahoga								
Cleveland City Infirmary..	Ment	City	169	..	..	89	220	.....
West Dover, 309—Cuyahoga								
Cedarcrest Sanitarium	N&M	Indep	100	..	..	42	63	.....
Wilberforce, 324—Greene								
Tawawa Hospital of Wilberforce University (col.)	Inst	State	11	..	..	3	...	.....
Wooster, 10,742—Wayne								
Hygeia Hall	Inst	Indep	25	..	..	3	202	.....
Xenia, 10,507—Greene								
Espey Hospital	Gen	Indiv	10	3	..	2	...	.....
Ohio Soldiers' and Sailors' Orphans' Home Hospital	Inst	State	64	..	..	18	...	.....
Youngstown, 170,002—Mahoning								
Youngstown Municipal Hosp.	Iso	City	65	..	..	6	265	.....

Summary for Ohio:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	197	40,911	32,582	288,846
Related institutions	71	9,804	7,604	19,928
Totals	268	50,715	40,186	308,774
Refused registration	26	605		

Key to symbols and abbreviations is on page 1021

OKLAHOMA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Ada, 11,261—Pontotoc								
Ada Hospital	Gen	Indiv	35	6	56	18	695	.....
Breco's Memorial Hospital.	Gen	Indep	20	2	9	11	687	.....
Altus, 8,439—Jackson								
City Hospital	Gen	City	20	2	12	6	222	.....
Alva, 5,121—Woods								
Alva General Hospital	Gen	City	21	4	38	12	468	.....
Anadarko, 5,036—Caddo								
Anadarko Hospital	Gen	Indiv	20	4	18	9	351	200
Ardmore, 15,741—Carter								
Hardy Sanitarium	Gen	Indiv	40	4	40	12	507	.....
Von Keller Hospital and Clinic	Gen	Indep	30	2	16	14	418	1,650
Bartlesville, 14,763—Washington								
Washington County Memorial Hospital	Gen	Co	50	10	140	19	824	302
Beaver, 1,028—Beaver								
Beaver Hospital	Gen	Part	22	3	18	4	279	.....
Blackwell, 9,521—Kay								
Blackwell Hospital	Gen	Indep	35	4	..	10	...	.....
Leslie Sanatorium	Gen	Indiv	20	5	44	11	406	2,323
Bristow, 6,619—Creek								
Bristow General Hospital.	Gen	Indep	10	2	..	3	352	.....
Butler, 473—Custer								
Sunnyside Hospital	Gen	Indiv	12	2	6	5	128	863
Cherokee, 2,236—Alfalfa								
Masonic Hospital	Gen	Frat	50	6	27	8	476	.....
Chickasha, 14,099—Grady								
Chickasha Hospital◇	Gen	Part	64	6	14	23	664	.....
Cottage Hospital	Gen	Indiv	20	5	42	9	386	.....
General Hospital	Gen	Indep	20	2	19	3	327	41
Claremore, 3,720—Rogers								
Claremore Indian Hospital.	Gen	I A	38	8	96	32	408	1,138
Clinton, 7,512—Custer								
Clinton Hospital◇	Gen	Indep	65	10	27	25	604	1,700
Clinton Indian Hospital	Gen	I A	30	..	..	New	...	.....
Western Oklahoma Tuberculosis Sanatorium	TB	State	226	..	..	215	135	55
Concho, 290—Canadian								
Cheyene and Arapaho Hosp.	Gen	I A	60	10	32	37	701	4,295
Cordell, 2,936—Washita								
Florence Hospital	Gen	Indiv	30	4	16	5	138	.....
Cushing, 9,301—Payne								
Masonic Hospital	Gen	Frat	26	4	..	12	...	.....
Duncan, 8,363—Stephens								
Weedn Hospital◇	Gen	Indiv	35	4	18	25	450	1,875
Durant, 7,463—Bryan								
Bryan County Hospital	Gen	Indiv	10	1	..	5	165	.....
Elk City, 5,666—Beckham								
Standifer Hospital	Gen	Indiv	20	4	..	10	336	.....
Tisdal Hospital	Gen	Indiv	55	8	17	31	379	.....
El Reno, 9,384—Canadian								
Catto Hospital	Gen	Indiv	25	3	..	5	135	.....
El Reno Sanitarium	Gen	Indep	51	4	36	17	613	217
Enid, 23,399—Garfield								
Baptist Hospital◇	Gen	Chrch	50	12	101	20	841	.....
Enid General Hospital◇	Gen	Indep	90	10	88	38	1,340	.....
Enid Springs Sanitarium and Hospital◇	Gen	Indiv	35	3	49	14	657	.....
Erick, 2,231—Beckham								
Erick Hospital	Gen	Indep	20	2	15	3	96	.....
Ft. Sill, 3,479—Comanche								
Station Hospital	Gen	Army	160	12	103	95	3,065	.....
Frederick, 4,568—Tillman								
Frederick Clinic Hospital.	Gen	Part	12	2	25	5	350	.....
Spurgeon, Arrington and Allen Hospital and Clinic.	Gen	Indep	15	1	22	3	200	.....
Grandfield, 1,416—Tillman								
Grandfield Hospital	Gen	Indiv	21	2	53	5	136	.....
Guthrie, 9,582—Logan								
Cimarron Valley Wesley Hospital	Gen	Indep	37	7	39	12	575	174
Duke Sanitarium	N&M	Indep	35	..	..	19	85	.....
Park Sanitarium (col.)	Gen	Indiv	20	3	..	5	...	.....
Henryetta, 7,694—Okmulgee								
Henryetta Hospital	Gen	Indiv	20	1	11	6	333	.....
Keystone Hospital	Gen	Indiv	20	2	..	6	...	.....
Hobart, 4,982—Kiowa								
General Hospital	Gen	Part	22	4	64	8	302	.....
Holdenville, 7,268—Hughes								
Holdenville Hospital	Gen	Indiv	22	6	10	10	200	.....
Hollis, 2,914—Harmon								
Hollis Hospital	Gen	Indiv	20	4	7	8	480	.....
Hominy, 3,485—Osage								
Hominy City Hospital	Gen	Indiv	16	2	11	2	180	.....
Lawton, 12,121—Comanche								
Kiowa Indian Hospital	Gen	I A	95	15	136	85	2,168	4,633
Southwestern Hospital	Gen	Part	26	4	15	4	260	.....
Mangum, 4,806—Greer								
Border-McGregor Hospital and Clinic	Gen	Part	50	6	23	14	574	4,233
Marlow, 3,084—Stephens								
Weedn Hospital	Gen	Indiv	25	10	10	4	300	.....
Maud, 4,326—Seminole								
Maud Hospital	Gen	Indiv	12	3	..	10	...	.....
McAlester, 11,804—Pittsburg								
Albert Pike Hospital◇	Gen	Frat	55	6	51	15	767	76
St. Mary's Infirmary	Gen	Chrch	20	2	31	7	413	.....
Miami, 8,064—Ottawa								
Miami Baptist Hospital	Gen	Chrch	50	8	35	10	615	136
Muskogee, 32,026—Muskogee								
Muskogee Provident Hospital (col.)	Gen	Indep	30	..	..	13	156	.....
Oklahoma Baptist Hospital	Gen	Chrch	85	12	..	30	1,161	.....
Veterans Admin. Facility	Gen	Vet	440	..	..	335	3,930	1,751

OKLAHOMA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Norman, 9,603—Cleveland								
Central Oklahoma State Hospital	Ment	State	2,675	..	..	2,250	...	200
Nowata, 3,531—Nowata								
Nowata Hospital	Gen	Indiv	14	2	..	6	...	.....
Oklahoma City, 185,389—Oklahoma								
Farm Sanatorium	TB	Indiv	60	..	..	14	84	.....
Great Western Hosp. (col.)	Gen	Part	26	2	4	3	103	.....
Oklahoma City General Hospital★◇	Gen	Indep	100	12	206	85	4,157	1,452
Polyclinic Hospital	Gen	Indiv	73	6	76	33	1,149	.....
Reconstruction Hospital and McBride Clinic	Orth	Indiv	29	..	..	7	281	.....
St. Anthony Hospital★◇	Gen	Chrch	250	40	782	149	4,647	.....
State University Hosp. and Crippled Children's Hospital★✦◇	Gen	State	440	16	350	393	5,608	14,132
Wesley Hospital★◇	Gen	Indep	150	25	371	70	3,292	.....
Okmulgee, 17,097—Okmulgee								
Okmulgee City Colored Hospital	Gen	City	20	1	9	5	156	890
Okmulgee City Hospital◇	Gen	City	67	8	119	18	939	.....
Pauls Valley, 4,235—Garvin								
Lindsey-Johnson Hospital	Gen	Part	10	2	25	5	210	.....
Pawhuska, 5,931—Osage								
Pawhuska Municipal Hosp.	Gen	City	31	4	35	9	481	.....
Pawnee, 2,562—Pawnee								
Pawnee-Ponca Hospital	Gen	I A	47	12	85	30	977	3,866
Picher, 7,773—Ottawa								
American Hospital	Gen	Indiv	40	3	9	3	133	2,285
Picher Hospital	Gen	Part	20	2	4	8	329	.....
Ponca City, 16,136—Kay								
Grand Avenue General Hosp.	Gen	Indiv	18	4	17	5	270	.....
Ponca City Hospital◇	Gen	Chrch	50	12	139	35	1,157	175
Ryan, 1,258—Jefferson								
Ryan Hospital	Gen	Indiv	10	2	..	8	...	.....
Sayre, 3,157—Beckham								
Tisdal Hospital	Gen	Indiv	22	3	9	5	231	.....
Seminole, 11,459—Seminole								
Harber Hospital	Gen	Indep	20	3	119	11	1,731	.....
Shattuck, 1,490—Ellis								
Shattuck Hospital	Gen	Indiv	50	8	350	30	850	.....
Shawnee, 23,283—Pottawatomie								
A. C. H. Hospital	Gen	Part	28	7	108	12	598	.....
Shawnee Indian Sanatorium	TB	I A	150	..	..	148	182	.....
Shawnee Municipal Hosp.	Gen	City	75	10	89	12	902	.....
Sulphur, 4,242—Murray								
Soldiers Tubercular Sanat.	TB	State	108	..	..	105	433	.....
Sulphur Sanitarium	Gen	Part	22	2	18	8	255	.....
Supply, 230—Woodward								
Western Oklahoma Hospital	Ment	State	1,200	..	..	1,200	356	.....
Talihina, 1,032—Le Flore								
Choctaw-Chickasaw Sanat.	TB	I A	72	..	..	59	130	.....
Eastern Oklahoma State Tuberculosis Sanatorium	TB	State	265	..	..	247	384	.....
Thomas, 1,256—Custer								
Thomas Hospital	Gen	Indiv	20	4	3	2	111	.....
Tonkawa, 3,311—Kay								
Tonkawa Hospital	Gen	Indiv	20	4	20	4	225	600
Tulsa, 141,258—Tulsa								
Flower Hospital	Gen	Indep	30	12	199	15	824	.....
Morningside Hospital★◇	Gen	Indiv	225	24	623	117	4,870	.....
Municipal Hospital No. 2 (col.)	Gen	City	45	6	..	15	427	.....
Oakwood Sanitarium	N&M	Indep	30	..	..	20	232	.....
St. John's Hospital★◇	Gen	Chrch	250	23	481	139	4,100	385
Sisler Hospital	Orth	Indiv	25	..	..	12	343	.....
Vinita, 4,263—Craig								
Eastern Oklahoma Hospital	Ment	State	2,250	..	..	1,875	556	.....
Vinita Hospital	Gen	Part	14	3	22	6	302	.....
Watonga, 2,228—Blaine								
Watonga Hospital	Gen	Indiv	15	..	10	8	100	.....
Waurika, 2,368—Jefferson								
Waurika Hospital	Gen	Indiv	24	2	8	12	366	280
Wewoka, 10,401—Seminole								
Knight Hospital	Gen	Indiv	20	4	..	13	430	.....
Wewoka Hospital	Gen	Indiv	25	4	26	5	325	.....
Woodward, 5,056—Woodward								
Woodward General Hosp.	Gen	Indep	30	4	31	10	365	.....
Related Institutions								
Chilocco, 280—Kay								
Chilocco Indian School Hospital	Gen	I A	47	..	..	10	608	2,113
Davenport, 1,072—Lincoln								
Nickell Hospital	Gen	Part	10	..	..	2	...	.....
Enid, 23,399—Garfield								
Oklahoma Institution for the Feebleminded	MeDe	State	1,000	..	..	760	45	.....
Fairfax, 2,134—Osage								
Fairfax Hospital	Gen	Indiv	8	2	10	3	221	.....
Ft. Reno (El Reno P.O.),—Canadian								
Station Hospital	Gen	Army	12	..	..	2	22	450
McAlester, 11,804—Pittsburg								
Oklahoma State Prison Hospital	Inst	State	50	..	2	21	905	.....
Norman, 9,603—Cleveland								
Ellison Hall	Inst	State	48	..	..	14	1,202	.....
Okeene, 1,035—Blaine								
Okeene Hospital	Gen	Indiv	10	2	10	2	48	.....
Oklahoma City, 185,389—Oklahoma								
Home of Redeeming Love	Mat	Chrch	22	30	183	11	493	.....
Oklahoma Union Soldiers Home	Inst	State	25	..	..	5	5	.....

Key to symbols and abbreviations is on page 1021

OKLAHOMA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Shidler, 1,177—Osage								
Emergency Hospital of Phillips Petroleum Company.	Gen	Indus	10	1	1	1	12	.....
Stillwater, 7,016—Payne								
Agriculture and Mechanical College Infirmary	Inst	State	50	..	..	10	439	.....
Stroud, 1,894—Lincoln								
Glendale Hospital	Gen	Indiv	10	..	..	4	...	.....
Tahlequah, 2,945—Cherokee								
Sequoyah Training School Hospital	Inst	I A	12	..	..	3	229	739
Tahlequah Hospital	Gen	Indiv	8	2	..	3	...	.....

Summary for Oklahoma:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	106	11,927	8,618	78,098
Related institutions	15	1,322	851	4,396
Totals	121	13,249	9,469	82,494
Refused registration	19	447		

OREGON

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Albany, 5,325—Linn								
Albany General Hospital	Gen	Indep	52	9	73	12	605	.....
Ashland, 4,544—Jackson								
Community Hospital	Gen	City	17	3	11	3	274	.....
Astoria, 10,349—Clatsop								
Columbia Hospital	Gen	Indep	54	12	115	27	1,573	.....
St. Mary Hospital◇	Gen	Chrch	94	20	80	40	1,600	100
Baker, 7,858—Baker								
Protestant Hospital	Gen	Indep	29	4	30	13	385	.....
St. Elizabeth Hospital◇	Gen	Chrch	80	14	..	28	...	89
Bandon, 1,516—Coos								
Leep Memorial Hospital	Gen	Part	10	2	5	2	114	.....
Bend, 8,848—Deschutes								
St. Charles Hospital	Gen	Chrch	26	6	79	12	597	.....
Burns, 2,599—Harney								
Valley View Hospital	Gen	Indep	27	6	26	6	383	.....
Corvallis, 7,585—Benton								
Corvallis General Hospital	Gen	Indep	40	6	102	12	577	212
Dallas, 2,975—Polk								
Dallas Hospital	Gen	Indep	16	4	15	8	135	.....
Enterprise, 1,379—Wallowa								
Enterprise Hospital	Gen	Indep	15	3	8	3	108	136
Eugene, 18,901—Lane								
Eugene Hospital and Clinic	Gen	Indep	60	8	60	26	891	.....
Pacific Hospital	Gen	Indep	78	18	265	38	1,360	.....
Grants Pass, 4,666—Josephine								
Josephine General Hospital	Gen	Co	32	6	..	6	260	.....
Hood River, 2,757—Hood River								
Hood River Hospital	Gen	Indep	30	6	57	10	501	.....
Klamath Agency, 163—Klamath								
Klamath Reservation Hosp.	Gen	I A	25	2	36	10	313	1,669
Klamath Falls, 16,093—Klamath								
Hillside Hospital	Gen	Indep	50	12	89	18	1,150	.....
Klamath Valley Hospital	Gen	Indiv	40	10	82	17	601	.....
La Grande, 8,050—Union								
Grande Ronde Hospital	Gen	Indep	50	5	..	14	569	.....
Lakeview, 1,799—Lake								
Lakeview Public Hospital	Gen	Frat	14	2	..	4	...	.....
McMinnville, 2,917—Yamhill								
McMinnville Hospital	Gen	Indep	26	6	..	14	450	.....
Medford, 11,007—Jackson								
Community Hospital	Gen	Indep	30	8	117	16	813	.....
Sacred Heart Hospital	Gen	Chrch	67	7	82	26	820	158
Milwaukie, 1,767—Clackamas								
Portland Open Air Sanat.	TB	Indep	78	..	..	28	116	.....
Myrtle Point, 1,362—Coos								
Mast and Wilson Hospital	Gen	Indiv	20	3	17	8	296	.....
Newberg, 2,951—Yamhill								
Dr. Wendt's Hospital	Gen	Indiv	11	4	9	1	25	.....
North Bend, 4,012—Coos								
Keizer Brothers Hospital	Gen	Indep	68	10	59	21	719	.....
Mercy Hospital	Gen	Chrch	50	5	..	20	...	.....
Ontario, 1,941—Malheur								
Holy Rosary Hospital	Gen	Chrch	35	6	33	10	387	.....
Oregon City, 5,761—Clackamas								
Oregon City Hospital	Gen	Indep	52	8	91	29	702	.....
Pendleton, 6,621—Umatilla								
Eastern Oregon State Hosp.	Ment	State	1,350	..	..	1,218	283	.....
St. Anthony's Hospital◇	Gen	Chrch	70	12	108	30	793	119
Portland, 301,815—Multnomah								
Doernbecher Memorial Hospital for Children✚◎	Chil	State	75	..	..	44	2,171	14,798
Emanuel Hospital★◇	Gen	Chrch	249	55	782	151	4,602	.....
Good Samaritan Hospital★◇	Gen	Chrch	304	23	413	146	4,828	720
Juvenile Hospital for Girls	Ven	Indep	50	..	..	45	...	.....
Morningside Hospital	Ment	Indep	317	..	..	295	58	.....
Mountain View Sanitarium	N&M	Indep	20	..	..	7	...	.....
Multnomah Hospital★✚◇	Gen	Co	303	30	661	267	4,523	.....
Portland Conv. Hospital	Conv	Indiv	25	..	..	13	137	.....
Portland Eye, Ear, Nose and Throat Hospital	ENT	Indiv	40	..	..	5	585	.....
Portland Medical Hospital	Gen	Indep	64	..	..	32	...	2,880
Portland Sanitarium and Hospital★◇	Gen	Chrch	112	24	464	74	3,596	.....
Dr. Robert C. Coffey Clinic and Hospital	Gen	Indiv	110	6	36	30	771	.....

OREGON—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
St. Vincent's Hospital★◇	Gen	Chrch	366	36	653	259	7,965	.....
Shriners Hospital for Crippled Children✚	Orth	Frat	50	..	..	54	223	1,641
Veterans Admin. Facility	Gen	Vet	385	..	..	282	2,117	.....
Waverleigh Sanatorium	N&M	Part	13	..	..	6	60	.....
Roseburg, 4,362—Douglas								
Mercy Hospital	Gen	Chrch	25	6	72	18	480	.....
Veterans Admin. Facility	Gen	Vet	190	..	..	59	477	175
St. Helens, 3,994—Columbia								
St. Helens General Hosp.	Gen	Indiv	19	6	17	6	346	.....
Salem, 26,266—Marion								
Oregon State Hospital	Ment	State	2,270	..	..	2,160	715	.....
Oregon State Tuberculosis Hospital	TB	State	250	..	..	245	153	360
Salem General Hospital	Gen	Indep	65	8	132	26	1,154	.....
Silverton, 2,462—Marion								
Silverton Hospital	Gen	Indep	20	5	71	8	258	.....
The Dalles, 5,883—Wasco								
Eastern Oregon State Tuberculosis Hospital	TB	State	138	..	..	130	135	42
Mid-Columbia Hospital	Gen	Part	21	6	40	12	490	.....
The Dalles Hospital◇	Gen	Indep	65	10	..	33	...	.....
Tillamook, 2,549—Tillamook								
Charlton Hospital	Gen	Indiv	35	5	23	10	246	.....
Tillamook General Hospital	Gen	Indiv	16	5	..	11	...	.....
Toledo, 2,137—Lincoln								
Lincoln Hospital	Gen	Indep	20	3	32	9	197	.....
Troutdale, 227—Multnomah								
Multnomah County Tuberculosis Pavilion	TB	Co	37	..	..	37	89	.....
Related Institutions								
Bend, 8,848—Deschutes								
Lumbermen's Hospital	Indus	Indus	30	..	..	5	300	.....
Chemawa, 625—Marion								
Salem Indian School Hosp.	Inst	I A	42	..	..	21	1,171	.....
Corvallis, 7,585—Benton								
Oregon State Agricultural College Hospital	Inst	State	18	..	..	6	308	.....
Jacksonville, 706—Jackson								
Jacksonville Sanitarium	Gen	Indiv	15	2	..	10	...	.....
Klamath Falls, 16,093—Klamath								
Soule Sanitarium	Gen	Indiv	7	3	..	..	...	.....
Mill City, 1,214—Marion								
Mill City Hospital	Gen	Indiv	8	1	1	3	36	.....
Portland, 301,815—Multnomah								
E. Henry Wemme White Shield	Mat	Indep	23	12	47	15	55	.....
Isolation Hospital	Iso	City	70	..	..	17	617	.....
Salvation Army White Shield Home	Mat	Chrch	70	5	84	5	82	.....
Woman's Convalescent Home	Conv	Indep	15	..	..	9	167	.....
Salem, 26,266—Marion								
Oregon Fairview Home	MeDe	State	1,000	..	..	858	96	.....
Oregon State Penitentiary	Inst	State	32	..	..	10	149	.....
Oregon State School for the Deaf	Inst	State	12	..	..	1	238	.....

Summary for Oregon:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	62	8,153	6,180	57,479
Related institutions	14	1,351	961	3,237
Totals	76	9,504	7,141	60,716
Refused registration	12	372		

PENNSYLVANIA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Abington, 821—Montgomery								
Abington Memorial Hosp.★◇	Gen	Indep	242	33	496	155	4,167	4,617
Allentown, 92,563—Lehigh								
Allentown Hospital★◇	Gen	Indep	300	25	483	187	5,256	5,892
Allentown State Hospital✚◇	Ment	State	1,560	..	..	1,491	448	259
Baer Hospital	Gen	Indiv	20	10	58	4	126	.....
Sacred Heart Hospital★◇	Gen	Chrch	278	22	433	115	3,177	9,149
Allenwood, 362—Union								
Devitt's Camp for Tuberculosis	TB	Indep	115	..	..	100	180	.....
Altoona, 82,054—Blair								
Altoona Hospital★◇	Gen	Indep	162	18	454	82	2,395	6,350
Mercy Hospital★◇	Gen	Indep	108	15	350	55	1,832	2,949
Ambler, 3,944—Montgomery								
Dufur Hospital	N&M	Indiv	50	..	..	28	60	.....
Ardmore, 10,075—Montgomery								
Wood Lea Sanitarium	N&M	Indiv	14	..	..	12	6	.....
Ashland, 7,164—Schuylkill								
Ashland State Hospital◇	Gen	State	226	15	260	150	3,739	1,804
Aspinwall, 4,263—Allegheny								
Veterans Admin. Facility	Gen	Vet	481	..	..	250	563	.....
Beaver Falls, 17,147—Beaver								
Providence Hospital◇	Gen	Chrch	55	10	90	32	723	.....
Bedford, 2,953—Bedford								
Timmins' Hospital	Gen	Indiv	14	2	19	8	261	.....
Bellefonte, 4,804—Centre								
Center County Hospital◇	Gen	Indep	60	4	178	41	1,011	227
Bellevue, 10,252—Allegheny								
Suburban General Hospital◇	Gen	Indep	104	14	188	41	1,451	1,328

Key to symbols and abbreviations is on page 1021

PENNSYLVANIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Berwick, 12,660—Columbia								
Berwick Hospital	Gen	Indep	50	10	127	30	749	496
Bethlehem, 57,892—Northampton								
St. Luke's Hospital*◇	Gen	Indep	193	23	360	133	3,484	9,216
Bloomsburg, 9,093—Columbia								
Bloomsburg Hospital◇	Gen	Indep	115	13	127	41	1,471	294
Blossburg, 1,696—Tioga								
Blossburg State Hospital	Gen	State	83	10	103	59	1,546	3,000
Braddock, 19,329—Allegheny								
Braddock General Hosp.*◇	Gen	Indep	120	16	502	58	1,954	5,131
Bradford, 19,306—McKean								
Bradford Hospital◇	Gen	Indep	104	24	296	44	1,562	1,200
Brookville, 4,387—Jefferson								
Brookville Hospital	Gen	Indep	36	4	41	22	599	.....
Brownsville, 2,869—Fayette								
Brownsville General Hosp.◇	Gen	Indep	90	10	53	39	1,015	845
Bryn Mawr, 3,056—Montgomery								
Bryn Mawr Hospital*◇	Gen	Indep	238	24	432	135	3,467	5,325
Butler, 23,568—Butler								
Butler County Memorial Hospital◇	Gen	Indep	85	10	106	39	1,435	208
Canonsburg, 12,558—Washington								
Canonsburg General Hosp.◇	Gen	Indep	56	10	107	24	803	.....
Carbondale, 20,061—Lackawanna								
Carbondale General Hosp.	Gen	Indep	65	8	90	23	697	1,272
St. Joseph's Hospital◇	Gen	Chrch	106	12	133	40	1,338	511
Carlisle, 12,596—Cumberland								
Carlisle Hospital	Gen	Indep	77	18	280	53	1,577	3,239
Station Hospital	Gen	Army	38	1	10	11	640	2,273
Chambersburg, 13,788—Franklin								
Chambersburg Hospital◇	Gen	Indep	85	15	212	31	1,231	.....
Chester, 59,164—Delaware								
Chester Hospital*◇	Gen	Indep	250	35	592	98	3,290	4,671
J. Lewis Crozer Home for Incurables and Homeopathic Hospital	Gen	Indep	85	10	143	20	581	423
Mercy Hospital	Gen	Indiv	20	4	..	9	...	.....
Clarks Summit, 2,604—Lackawanna								
Hillside Home and Hospital for Mental Diseases	Ment	City	1,200	..	..	777	163	.....
Clearfield, 9,221—Clearfield								
Clearfield Hospital◇	Gen	Indep	110	18	242	70	2,614	868
Clifton Heights, 5,057—Delaware								
Burn Brae Hospital	N&M	Indiv	50	..	..	30	...	.....
Eyrie Sanitarium	N&M	Indiv	12	..	..	7	...	.....
Coaldale, 6,921—Schuylkill								
Coaldale State Hospital	Gen	State	91	13	220	81	1,214	2,605
Coatesville, 14,582—Chester								
Coatesville Hospital◇	Gen	Indep	97	14	185	47	1,472	742
Veterans Admin. Facility	Ment	Vet	1,136	..	..	842	663	.....
Columbia, 11,349—Lancaster								
Columbia Hospital	Gen	Indep	65	10	92	17	533	224
Colver, 2,060—Cambria								
Colver Hospital	Gen	Indus	18	4	34	4	198	.....
Confluence, 989—Somerset								
Frantz Hospital	Gen	Indiv	15	3	20	5	120	.....
Connellsville, 13,290—Fayette								
Connellsville State Hospital	Gen	State	81	15	279	55	1,555	1,900
Corry, 7,152—Erie								
Corry Hospital	Gen	Indep	40	8	127	15	863	.....
Coudersport, 2,740—Potter								
Coudersport General Hosp.	Gen	Indep	14	5	21	9	209	.....
Cresson, 2,317—Cambria								
Pennsylvania State Sanat. for Tuberculosis, No. 2✚	TB	State	840	..	..	794	933	.....
Danville, 7,185—Montour								
Danville State Hospital✚◇	Ment	State	1,803	..	..	1,812	466	1,125
George F. Geisinger Memorial Hospital*◇	Gen	Indep	180	16	302	130	4,128	910
Darby, 9,899—Delaware								
Fitzgerald-Mercy Hospital	Gen	Chrch	200	48	131	54	817	834
Devon, 364—Chester								
Alcluyd Hospital	N&M	Indiv	25	..	..	21	...	.....
Dixmont, 1,200—Allegheny								
Dixmont Hospital	N&M	Indep	964	..	..	1,182	148	.....
Drexel Hill, 1,119—Delaware								
Delaware County Hospital	Gen	Indep	56	14	308	57	2,097	1,941
Du Bois, 11,595—Clearfield								
Du Bois Hospital	Gen	Chrch	50	6	59	24	523	.....
Maple Avenue Hospital	Gen	Indep	73	8	80	32	1,190	.....
Eagleville, 184—Montgomery								
Eagleville Sanatorium for Consumptives◇	TB	Indep	200	..	..	180	205	1,237
Easton, 34,468—Northampton								
Betts' Private Hospital	Gen	Indiv	40	10	..	22	...	.....
Easton Hospital*◇	Gen	Indep	199	21	367	128	4,698	8,274
Easton Sanitarium	N&M	Indiv	30	..	..	12	34	.....
East Stroudsburg, 6,099—Monroe								
General Hospital of Monroe County	Gen	Co	42	8	126	20	812	.....
Elizabethtown, 3,940—Lancaster								
Hospital for Crippled Children	Orth	State	125	..	..	97	131	.....
Philadelphia Freemasons' Memorial Hospital	Gen	Frat	175	..	..	135	619	400
Ellwood City, 12,323—Lawrence								
Ellwood City Hospital	Gen	Indep	47	8	66	19	506	.....
Erie, 115,967—Erie								
Hamot Hospital*◇	Gen	Indep	224	31	737	151	5,800	5,549
Rose Memorial Private Hospital and Clinic	Gen	Indiv	15	..	..	5	147	.....
St. Vincent's Hospital*◇	Gen	Chrch	180	35	763	170	6,211	4,532
Zem Zem Hospital for Crippled Children	Orth	Frat	48	..	..	29	57	.....

PENNSYLVANIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Everett, 1,874—Bedford								
Everett Hospital	Gen	Indiv	17	5	35	9	273	.....
Franklin, 10,254—Venango								
Franklin Hospital	Gen	Indep	47	10	80	14	518	.....
Gettysburg, 5,584—Adams								
Annie M. Warner Hospital.	Gen	Indep	54	6	76	22	681	890
Girard, 1,554—Erie								
Erie County Home, Tuberculosis Annex	TB	Co	30	..	..	30	56	.....
Gladwyne, 1,236—Montgomery								
Gladwyne Colony	N&M	Indiv	80	..	..	72	87	99
Greensburg, 16,508—Westmoreland								
Westmoreland Hospital◇	Gen	Indep	138	12	441	82	2,601	.....
Greenville, 8,628—Mercer								
Greenville Hospital	Gen	Indep	51	12	78	10	581	.....
Grove City, 6,156—Mercer								
Grove City Hospital	Gen	Indep	30	6	46	8	322	91
Hamburg, 3,637—Berks								
Hamburg State Sanatorium for Tuberculosis✚	TB	State	534	..	..	545	587	.....
Hanover, 11,805—York								
Hanover General Hospital.	Gen	Indep	55	10	166	24	828	395
Harrisburg, 80,339—Dauphin								
Harrisburg Hospital*◇	Gen	Indep	239	32	606	157	5,371	13,799
Harrisburg Polyclinic Hospital*◇	Gen	Indep	150	35	493	86	3,201	4,674
Harrisburg State Hospital.	Ment	State	1,721	..	..	1,724	322	.....
Keystone Hospital	Gen	Indiv	27	6	47	17	340	.....
Hazleton, 36,765—Luzerne								
Corrigan Maternity Hosp.	Mat	Part	16	16	242	11	242	.....
Hazleton State Hospital◇	Gen	State	155	14	316	129	4,832	1,668
Hollidaysburg, 5,969—Blair								
Blair County Hospital for the Insane	Ment	Co	300	..	..	287	130	55
Homestead, 20,141—Allegheny								
Homestead Hospital◇	Gen	Indep	98	20	223	53	1,614	2,545
Honesdale, 5,490—Wayne								
Wayne County Mem. Hosp.	Gen	Indep	28	5	92	15	449	122
Huntingdon, 7,558—Huntingdon								
J. C. Blair Memorial Hosp.◇	Gen	Indep	68	10	188	53	1,623	.....
Indiana, 9,569—Indiana								
Indiana Hospital◇	Gen	Indep	138	12	86	100	3,002	995
Jersey Shore, 5,781—Lycoming								
Jersey Shore Hospital	Gen	Indep	20	4	23	6	228	.....
Sanford Hospital	Gen	Indiv	17	6	33	13	301	.....
Johnstown, 66,993—Cambria								
Conemaugh Valley Memorial Hospital*◇	Gen	Indep	220	30	584	140	5,118	.....
Lee Homeopathic Hospital	Gen	Indep	50	10	178	32	1,022	1,200
Mendenhall Maternity Hosp.	Mat	Indiv	15	10	170	10	175	.....
Mercy Hospital◇	Gen	Chrch	86	14	292	59	1,694	931
Kane, 6,232—McKean								
Kane Summit Hospital	Gen	Indep	35	6	..	11	469	.....
Kingston, 21,600—Luzerne								
Nesbitt Memorial Hospital.	Gen	Indep	116	12	238	64	2,463	1,060
Kittanning, 7,808—Armstrong								
Kittanning General Hospital	Gen	Indep	35	5	29	17	624	.....
Lancaster, 59,949—Lancaster								
Lancaster General Hosp.*◇.	Gen	Indep	241	32	633	136	4,226	15,169
Rossmere Sanatorium	TB	CyCo	57	..	..	53	92	.....
St. Joseph's Hospital◇	Gen	Chrch	189	26	344	91	2,726	7,238
Latrobe, 10,644—Westmoreland								
Latrobe Hospital◇	Gen	Indep	65	10	206	36	1,301	.....
Lebanon, 25,561—Lebanon								
Good Samaritan Hospital◇.	Gen	Indep	94	17	225	55	1,820	1,165
Lebanon Sanatorium	Gen	Indep	25	6	..	13	...	.....
Lewisburg, 3,308—Union								
Lewisburg Community Hospital	Gen	Chrch	20	2	37	6	222	.....
U. S. Public Health Service Hospital	Gen	USPH	100	..	..	New	421	.....
Lewistown, 13,357—Mifflin								
Lewistown Hospital◇	Gen	Indep	80	7	102	56	1,513	1,356
Lock Haven, 9,668—Clinton								
Lock Haven Hospital◇	Gen	Indep	80	10	196	40	1,078	478
Teah Private Hospital	Gen	Indiv	25	6	25	6	280	1,400
Lock No. 4—618—Washington								
Charleroi-Monessen Hosp.	Gen	Indep	65	18	43	31	803	.....
Mayview, 47—Allegheny								
Pittsburgh City Home and Hospitals◇	G-N&M	City	896	11	26	776	1,853	57
McKeesport, 54,632—Allegheny								
McKeesport Hospital*◇	Gen	Indep	223	40	662	141	3,960	5,165
McKees Rocks, 18,116—Allegheny								
Ohio Valley General Hosp.◇	Gen	Indep	53	17	240	33	1,035	154
Meadville, 16,698—Crawford								
Meadville City Hospital◇	Gen	Indep	75	14	164	43	1,147	.....
Spencer Hospital◇	Gen	Indep	115	10	192	43	1,457	875
Media, 5,372—Delaware								
Brookwood Farm	N&M	Indiv	20	..	..	10	3	.....
Media Hospital	Gen	Indiv	25	4	25	17	300	263
Mercer, 2,125—Mercer								
Mercer Cottage Hospital	Gen	Indep	57	6	28	29	1,002	5,000
Mercer Sanitarium	N&M	Indep	45	..	..	31	97	.....
Meyersdale, 3,065—Somerset								
Hazel McGilvery Hospital.	Gen	Indiv	10	2	13	3	176	.....
Meyersdale Wenzel Hosp.	Gen	Indiv	15	2	10	3	131	.....
Middleburg, 1,024—Snyder								
Joseph L. Potter Hospital.	Gen	Indiv	10	2	4	3	279	868
Monaca, 4,641—Beaver								
Beaver County Sanatorium	TB	Co	63	..	..	63	115	.....
Monessen, 20,268—Westmoreland								
Gemmill Hospital	ENT	Indiv	12	..	..	2	250	.....
Monongahela, 8,675—Washington								
Memorial Hospital	Gen	Indep	66	6	46	21	552	693

Key to symbols and abbreviations is on page 1021

PENNSYLVANIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Mt. Pleasant, 5,869—Westmoreland								
Henry Clay Frick Memorial Hospital◇	Gen	Indep	60	10	147	29	999	1,200
Muncy, 2,413—Lycoming								
Muncy Valley Private Hosp.	Gen	Indep	19	7	33	8	362	79
Nanticoke, 26,043—Luzerne								
Nanticoke State Hosp.◇	Gen	State	120	10	271	101	2,894	2,353
New Brighton, 9,950—Beaver								
Beaver Valley General Hospital◇	Gen	Indep	70	10	112	30	920	918
New Castle, 48,674—Lawrence								
Jameson Memorial Hosp.★◇	Gen	Indep	131	23	265	58	2,168	.....
New Castle Hospital◇	Gen	Chrch	105	20	282	65	1,922	.....
New Kensington, 16,762—Westmoreland								
Citizens General Hosp.◇	Gen	Indep	100	12	161	68	2,639	.....
Norristown, 35,853—Montgomery								
Montgomery Hospital★◇	Gen	Indep	90	20	349	75	2,318	1,592
Norristown State Hosp.✚	Ment	State	3,120	..	....	3,200	610	240
Riverview Hospital	Gen	Indep	40	11	135	13	590	.....
Northampton, 9,839—Northampton								
Haff Hospital	Gen	Indiv	25	5	18	15	405	.....
Oil City, 22,075—Venango								
Grandview Sanatorium	TB	Indep	50	..	..	15	30	.....
Oil City General Hospital◇	Gen	Indep	120	22	287	45	1,519	238
Palmerton, 7,678—Carbon								
Palmerton Hospital	Gen	Indep	65	7	107	38	535	1,486
Peckville, 3,915—Lackawanna								
Mid-Valley Hospital	Gen	Indep	62	8	236	52	1,741	.....
Philadelphia, 1,950,961—Philadelphia								
American Hospital for Diseases of the Stomach	Gen	Indep	39	3	41	16	673	2,339
American Oncologic Hosp.	SkCa	Indep	45	..	..	21	811	1,515
Anderson Hospital	Gen	Indep	73	20	246	20	1,394	.....
Babies' Hospital	Chil	Indep	15	..	..	9	199	4,612
Broad Street Hospital	Gen	Indep	80	30	357	36	1,336	983
Chestnut Hill Hospital★◇	Gen	Indep	89	25	416	59	1,970	.....
Children's Heart Hospital	Card	Indep	50	..	..	50	46	.....
Children's Hospital✚◇	Chil	Indep	124	..	..	83	2,416	4,398
Children's Hospital of the Mary J. Drexel Home✚	Chil	Chrch	52	..	..	23	994	3,860
Fairmount Farm	N&M	Indep	42	..	..	27	177	.....
Frankford Hospital★◇	Gen	Indep	119	23	425	97	3,115	5,913
Frederick Douglass Memorial Hospital (col.)	Gen	Indep	57	5	..	16	...	.....
Friends Hospital✚◇	N&M	Indep	190	..	..	143	85	.....
Garretson Hospital	(Included in Temple University Hospital)							
Germantown Dispensary and Hospital★◇	Gen	Indep	310	50	1,288	215	5,872	51,997
Graduate Hospital of the Univ. of Pennsylvania★✚◇	Gen	Indep	475	18	221	221	7,353	42,488
Hahnemann Hospital★◇	Gen	Indep	515	77	1,685	400	11,190	26,403
Home for Consumptives	TB	Chrch	105	..	..	149	57	.....
Hospital of the Protestant Episcopal Church★◇	Gen	Chrch	525	..	..	282	5,796	42,085
Hospital of the University of Pennsylvania★✚◇	Gen	State	562	32	613	330	8,872	24,659
Hospital of the Woman's Medical College★◇	Gen	Indep	150	21	454	79	2,737	.....
Institute of the Pennsylvania Hospital	N&M	Indep	60	..	..	32	443	222
Jeanes Hospital✚	Ca	Indep	72	..	..	47	462	529
Jefferson Medical College Hospital★◇	Gen	Indep	631	57	1,188	505	17,703	61,375
Jewish Hospital★◇	Gen	Indep	352	70	911	229	8,866	14,236
Joseph Price Mem. Hosp.◇	Gen	Indep	60	5	51	42	674	1,069
Kensington Hospital for Women✚	Mat	Indep	66	35	865	40	1,436	2,139
Lankenau Hospital★◇	Gen	Indep	268	30	418	159	3,746	8,442
Memorial Hospital	Gen	Indep	75	15	205	55	1,825	6,777
Mercy Hospital (col.)★◇	Gen	Indep	97	10	176	66	1,628	2,694
Methodist Episcopal Hospital★◇	Gen	Chrch	203	47	589	139	3,660	20,294
Metropolitan Hospital	Gen	Indep	19	6	116	8	709	.....
Misericordia Hospital★◇	Gen	Chrch	200	35	821	139	4,638	11,231
Mt. Sinai Hospital★◇	Gen	Indep	261	55	922	176	5,915	19,681
National Stomach Hospital.	Gen	Indep	46	10	8	13	357	1,609
Northeastern Hospital★◇	Gen	Indep	90	12	336	68	1,908	16,956
Northern Liberties Hosp.	Gen	Indep	58	11	96	36	1,539	.....
Pennsylvania Hospital★✚◇	Gen	Indep	430	130	2,087	312	9,115	26,813
Pennsylvania Hospital Dept. for Mental and Nervous Diseases✚◇	N&M	Indep	225	..	..	179	188	1,499
Philadelphia Gen. Hosp.★✚◇	Gen	City	2,515	60	1,684	2,016	24,434	23,267
Philadelphia Hospital for Contagious Diseases◎	Iso	City	1,100	..	..	483	5,406	.....
Philadelphia Hospital for Mental Diseases	N&M	City	5,550	..	..	5,177	1,619	.....
Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases✚◇	Neur	Indep	140	..	..	66	615	9,629
Presbyterian Hospital★✚◇	Gen	Chrch	383	42	606	193	4,458	13,891
Preston Retreat	Mat	Indep	50	35	528	33	597	585
Rush Hospital for Consumption and Allied Diseases	TB	Indep	178	..	..	81	463	.....
St. Agnes' Hospital★◇	Gen	Chrch	435	100	727	173	4,276	17,189
St. Christopher's Hospital for Children✚◇	Chil	Indep	75	..	..	47	2,138	4,760
St. Joseph's Hospital★◇	Gen	Chrch	193	28	344	68	1,978	13,201
St. Luke's and Children's Hospital★◇	Gen	Indep	209	54	482	120	3,539	.....
St. Mary's Hospital★◇	Gen	Chrch	185	41	597	99	2,880	13,588
St. Vincent's Hospital	Gen	Chrch	225	29	366	178	1,250	904
Shriners Hospital for Crippled Children	Orth	Frat	100	..	..	99	219	68
Skin and Cancer Hospital	SkCa	Indep	21	..	..	13	...	2,493

PENNSYLVANIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Stetson Hospital	Gen	Indep	63	10	122	33	1,332	9,293
Temple University Hosp.★◇	Gen	Indep	387	51	1,266	287	9,160	.....
U. S. Naval Hospital	Gen	Navy	760	..	..	388	4,325	.....
Wills Hospital✚	Eye	Indep	200	..	..	99	2,785	24,785
Woman's Hospital★◇	Gen	Indep	125	38	820	87	2,429	6,117
Women's Homeopathic Hospital★◇	Gen	Indep	160	40	318	72	2,594	17,567
Philipsburg, 3,600—Centre								
Dr. McGirk Sanitarium	Gen	Indiv	20	6	28	4	185	.....
Philipsburg State Hosp.◇	Gen	State	100	12	232	91	2,758	1,751
Phoenixville, 12,029—Chester								
Phoenixville Hospital◇	Gen	Indep	60	9	124	28	790	460
Pittsburgh, 669,817—Allegheny								
Allegheny General Hosp.★✚◇	Gen	Indep	378	27	607	233	5,192	22,182
Belvedere General Hospital.	Gen	Indep	40	8	..	14	...	.....
Children's Hospital✚◇	Chil	Indep	196	..	..	108	2,314	1,802
Elizabeth Steel Magee Hospital✚◇	Gen	Indep	291	136	2,595	190	4,776	4,965
Eye and Ear Hospital✚	ENT	Indep	55	..	..	33	3,151	2,000
Fairview Sanatorium	Ment	Indep	12	..	..	8	8	.....
Haddon Maternity Hosp.	Mat	Indep	20	12	140	6	277	.....
Homeopathic Medical and Surgical Hospital and Dispensary★◇	Gen	Indep	265	45	686	174	5,107	3,350
Leech Farm Sanatorium	TB	City	290	..	..	281	285	449
Mercy Hospital★✚◇	Gen	Chrch	622	48	384	426	7,981	.....
Montefiore Hospital★◇	Gen	Indep	193	32	517	127	4,440	12,402
Municipal Hospital for Contagious Diseases	Iso	City	250	..	..	81	1,108	.....
Passavant Hospital★◇	Gen	Chrch	114	24	247	62	2,116	2,581
Pittsburgh Hospital★◇	Gen	Indep	178	28	425	129	3,105	4,632
Presbyterian Hospital★◇	Gen	Chrch	150	5	33	98	2,592	5,548
Roselia Foundling and Maternity Hospital	MatCh	Indep	84	22	203	40	320	132
St. Francis Hospital★✚◇	Gen	Chrch	450	37	437	340	5,640	3,678
St. Francis Hospital, Psychopathic Unit	(Included in St. Francis Hospital)							
St. John's General Hosp.★◇	Gen	Chrch	180	22	317	96	2,420	3,624
St. Joseph Hospital and Dispensary★◇	Gen	Chrch	128	12	134	71	1,901	3,221
St. Margaret Mem. Hosp.★◇	Gen	Chrch	131	21	223	66	1,857	5,099
South Side Hospital★◇	Gen	Indep	210	15	325	108	3,520	9,188
Tuberculosis League Hosp.✚	TB	Indep	150	..	..	147	235	9,555
U. S. Marine Hospital	Gen	USPH	73	..	..	87	538	1,412
Western Pennsylvania Hospital★✚◇	Gen	Indep	600	51	1,203	300	7,658	7,886
Pittston, 18,246—Luzerne								
Pittston Hospital◇	Gen	Indep	102	18	284	70	3,066	1,606
Pottstown, 19,430—Montgomery								
Homeopathic Hospital	Gen	Indep	52	10	..	15	567	.....
Pottstown Hospital◇	Gen	Indep	60	10	226	38	1,394	393
Pottsville, 24,300—Schuylkill								
Lemos B. Warne Hospital.	Gen	Indiv	75	12	87	30	976	.....
A. C. Milliken Hospital.	Gen	Indep	40	10	70	24	1,037	.....
Pottsville Hospital★◇	Gen	Indep	128	12	199	89	2,608	1,150
Punxsutawney, 9,266—Jefferson								
Adrian Hospital	Gen	Indep	78	12	131	35	1,290	.....
Quakertown, 4,883—Bucks								
Quakertown Hospital	Gen	Indep	48	12	66	18	528	.....
Ransom, 57—Lackawanna								
Ransom Home and Mental Hospital	N&M	Co	370	..	..	357	65	.....
Reading, 111,171—Berks								
Berks County Tuberculosis Sanatorium	TB	Co	130	..	..	128	204	343
Homeopathic Medical and Surgical Hospital◇	Gen	Indep	100	15	345	73	2,454	18,095
Reading Hospital★◇	Gen	Indep	230	38	595	162	4,982	5,971
St. Joseph's Hospital★◇	Gen	Chrch	180	25	560	136	3,575	14,189
Renovo, 3,947—Clinton								
Renovo Hospital	Gen	Indep	26	6	57	8	447	.....
Retreat, 31—Luzerne								
Retreat Mental Hospital	N&M	Co	1,000	..	..	865	229	126
Ridgway, 6,313—Elk								
Elk County General Hosp.	Gen	Indep	60	9	122	28	1,020	.....
Ridley Park, 3,356—Delaware								
Taylor Hospital	Gen	Indep	109	15	292	40	1,353	1,293
Roaring Spring, 2,724—Blair								
Nason Hospital	Gen	Indep	60	6	68	30	720	300
Rochester, 7,726—Beaver								
Rochester General Hosp.◇	Gen	Indep	100	12	192	60	1,967	6,958
St. Marys, 7,433—Elk								
Andrew Kaul Mem. Hosp.	Gen	Indep	42	6	66	15	541	.....
Sayre, 7,902—Bradford								
Robert Packer Hospital★◇	Gen	Indep	230	20	339	182	5,569	8,361
Schuylkill Haven, 6,514—Schuylkill								
Schulykill County Hospital for Mental Diseases	Ment	Co	491	..	..	486	128	.....
Scranton, 143,433—Lackawanna								
Hahnemann Hospital★◇	Gen	Indep	109	16	402	83	2,517	2,850
Lackawanna County Tuberculosis Hospital	TB	Co	130	..	..	128	258	.....
Mercy Hospital◇	Gen	Chrch	90	20	475	70	2,585	.....
Moses Taylor Hospital★◇	Gen	Indep	100	..	..	75	1,692	5,417
St. Joseph's Children's and Maternity Hospital◎	MatCh	Chrch	147	90	33	90	195	160
St. Mary's Keller Memorial Hospital◇	Gen	Chrch	68	12	195	36	1,154	.....
Scranton Private Hospital.	Gen	Indep	40	6	7	8	911	.....
Scranton State Hospital★◇	Gen	State	174	14	297	188	3,775	6,468
West Side Hospital◇	Gen	Indep	55	10	342	70	1,806	4,053
Sellersville, 2,063—Bucks								
Grand View Hospital◇	Gen	Indep	58	7	86	20	799	.....
Sewickley, 5,599—Allegheny								
Valley Hospital◇	Gen	Indep	109	17	301	74	2,086	1,120

Key to symbols and abbreviations is on page 1021

PENNSYLVANIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Shamokin, 20,274—Northumberland								
Shamokin State Hospital..	Gen	State	90	8	113	88	3,125	1,131
Sharon, 25,908—Mercer								
Christian H. Buhl Hosp.◇..	Gen	Indep	108	17	374	66	2,123	1,286
Shenandoah, 21,782—Schuylkill								
Locust Mountain State Hospital	Gen	State	70	10	134	52	1,783	1,332
Somerset, 4,395—Somerset								
Somerset Community Hosp.	Gen	Indep	20	6	..	6	770	.....
South Mountain, 29—Franklin								
Pennsylvania State Sanat.✦	TB	State	1,040	..	..	1,120	1,481	.....
Spangler, 2,761—Cambria								
Miners' Hospital of Northern Cambria◇	Gen	Indep	75	6	103	56	1,561	.....
Sunbury, 15,626—Northumberland								
Mary M. Packer Hospital..	Gen	Indep	61	9	150	43	1,404	446
Susquehanna, 3,203—Susquehanna								
Simon H. Barnes Memorial Hospital	Gen	Indep	15	5	33	7	174	.....
Tarentum, 9,551—Allegheny								
Allegheny Valley Hospital◇.	Gen	Indep	96	10	128	54	1,597	.....
Taylor, 10,428—Lackawanna								
Taylor Hospital	Gen	Indep	41	7	..	33	1,214	.....
Titusville, 8,055—Crawford								
Titusville Hospital	Gen	Indep	37	6	104	16	642	.....
Torrance, 414—Westmoreland								
Torrance State Hospital....	Ment	State	1,436	..	..	1,237	562	.....
Uniontown, 19,544—Fayette								
Uniontown Hospital*◇	Gen	Indep	200	25	197	106	2,515	4,362
Upland, 2,500—Delaware								
Bram Goiter Institute.....Goiter		Indiv	25	..	..	6	35	.....
Warren, 14,863—Warren								
Warren General Hospital◇..	Gen	Indep	80	22	336	48	1,826	428
Warren State Hospital✦◇...	Ment	State	1,956	..	..	1,932	403	560
Washington, 24,545—Washington								
Hillsview Farms Sanit.....	Gen	Indiv	50	..	..	22	178	34
Washington Hospital*◇ ...	Gen	Indep	138	28	241	79	2,171	.....
Waymart, 902—Wayne								
Farview State Hospital....	Ment	State	740	..	..	647	78	.....
Waynesboro, 10,167—Franklin								
Waynesboro Hospital	Gen	Indep	35	10	174	26	893	110
Waynesburg, 4,915—Greene								
Greene County Mem. Hosp..	Gen	Indep	31	6	38	18	790	.....
Wernersville, 1,096—Berks								
Wernersville State Hosp...	Ment	State	1,400	..	..	1,304	311	.....
West Chester, 12,325—Chester								
Chester County Hospital*◇.	Gen	Indep	142	20	326	80	2,522	1,325
Homeopathic Hospital of Chester County◇	Gen	Indep	67	10	187	42	1,374	.....
Vell Maternity Hospital....	Mat	Indiv	60	35	163	15	170	.....
West Grove, 1,375—Chester								
West Grove Hospital.....	Gen	Indiv	20	9	..	12	...	.....
White Haven, 1,537—Luzerne								
White Haven Sanatorium◇	TB	Indep	250	..	..	237	412	.....
Wilkes-Barre, 86,626—Luzerne								
Mercy Hospital*◇	Gen	Chrch	202	18	406	112	3,758	8,633
Wilkes-Barre Gen. Hosp.*◇	Gen	Indep	366	41	701	198	7,329	5,250
Wyoming Valley Homeopathic Hospital◇	Gen	Indep	70	16	382	57	2,355	4,702
Wilkinsburg, 29,539—Allegheny								
Columbia Hospital*◇	Gen	Chrch	188	26	337	91	2,252	1,366
Williamsport, 45,729—Lycoming								
Rothfuss Clinic and Hosp..	Gen	Indiv	22	6	43	5	266	1,680
Williamsport Hospital*◇ ..	Gen	Indep	231	44	468	101	3,132	3,248
Williamstown, 2,958—Dauphin								
Williams Valley Hospital..	Gen	Indiv	24	2	2	3	19	500
Windber, 9,205—Somerset								
Windber Hospital*◇	Gen	Indep	102	9	156	75	1,852	11,696
Woodville, 510—Allegheny								
Allegheny County Home and Hospital for the Insane.	N&M	Co	3,443	..	..	3,151	1,916	.....
York, 55,254—York								
West Side Sanitarium.....	Gen	Indiv	50	10	38	19	750	.....
York Hospital*◇	Gen	Indep	165	25	515	114	3,275	8,433
Related Institutions								
Bellevue, 10,252—Allegheny								
Salvation Army Woman's Home and Hospital.....	Mat	Chrch	10	10	125	6	167	.....
Broomall, 125—Delaware								
Convalescent Hospital	Conv	Frat	30	..	..	25	360	.....
Bryn Mawr, 3,056—Montgomery								
Bryn Mawr College Infirm..	Inst	Indep	16	..	..	4	276	.....
Cambridge Springs, 1,665—Crawford								
Logan's Hospital	Gen	Indiv	10	3	..	3	63	.....
Carlisle, 12,596—Cumberland								
Cumberland County Home.	Inst	Co	32	..	..	10	15	.....
Chambersburg, 13,788—Franklin								
Wilson College for Women Infirmary	Inst	Indep	10	..	..	3	354	.....
Darby, 9,869—Delaware								
St. Francis' Country House for Convalescents and St. Francis Hall for Incurables .....Conv	Inc	Chrch	75	..	..	65	522	.....
Devon, 364—Chester								
Favorlea Farm	N&M	Indiv	12	..	..	5	...	.....
Perfect Rest	N&M	Indiv	10	..	..	1	...	.....
Ebensburg, 3,063—Cambria								
Cambria County Hospital..	Inst	Co	78	..	..	59	201	.....
Elwyn, 162—Delaware								
Elwyn Training School.....	MeDe	Indep	1,045	..	..	1,000	32	.....
Embreeville, 147—Chester								
Chester County Hospital for Insane	N&M	Co	300	..	..	300	...	.....

PENNSYLVANIA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Emsworth (Pittsburgh P.O.), 2,709—Allegheny								
Holy Family Institute.....	Inst	Chrch	10	..	..	..	3	.....
Erie, 115,967—Erie								
Lakeview Hospital	Iso	City	75	..	..	12	449	.....
Louise Home Sanatorium.	TB	Indep	16	..	..	16	42	.....
Gibsonia, 138—Allegheny								
St. Barnabas Free Home..	Inc	Chrch	105	..	..	105	74	.....
Harmarville, 786—Allegheny								
Harmarville Convalescent Home	Conv	Indep	45	30	..	50	300	.....
Huntingdon, 7,558—Huntingdon								
Pennsylvania Industrial Sch.	Inst	State	36	..	..	9	362	.....
Johnstown, 66,993—Cambria								
Municipal Hospital	Iso	City	50	3	..	60	65	.....
Salus Private Hospital.....	Alcoh	Indiv	13	..	..	1	20	.....
Lancaster, 59,949—Lancaster								
Lancaster County Hospital and Hospital for Insane◎	N&M	Co	382	..	..	335	277	.....
Lansdowne, 9,542—Delaware								
Sanatorium School	Orth	Indiv	34	..	..	20	21	.....
Laurelton, 327—Union								
Laurelton State Village....	MeDe	State	675	..	..	668	52	.....
Loysville, 400—Perry								
Tressler Orphans Home....	Inst	Chrch	34	..	..	1	56	.....
Mercer, 2,125—Mercer								
Mercer County Home and Hospital	N&M	Co	340	..	..	213	43	.....
Middletown, 6,085—Dauphin								
Odd Fellows' Home.....	Inst	Frat	42	..	..	40	67	.....
Morganza,—Washington								
Pennsylvania Training Sch.	Inst	State	13	..	..	6	1,313	.....
Nazareth, 5,505—Northampton								
Northampton County Almshouse	Inst	Co	97	..	..	80	...	.....
New Brighton, 9,950—Beaver								
Beaver County Children's Home	Inst	Indep	10	..	..	..	...	.....
New Wilmington, 907—Lawrence								
Overlook Sanitarium	Conv	Indiv	35	..	..	12	324	.....
North East, 3,670—Erie								
St. Barnabas' House by the Lake	Inc	Chrch	30	..	..	30	38	.....
Oakbourne (West Chester P.O.), 32—Chester								
James C. Smith Mem. Home	Conv	Chrch	23	..	..	17	383	.....
Pennsylvania Epileptic Hospital and Colony Farm...	Epil	Indep	119	..	..	113	17	.....
Olyphant, 10,743—Lackawanna								
Blakely Home	N&M	Co	161	..	..	141	...	.....
Pennhurst, —Chester								
Pennhurst State School✦...	MeDe	State	1,658	..	..	1,617	240	.....
Philadelphia, 1,950,961—Philadelphia								
Belmont Hospital.....	Mat	Chrch	45	10	105	6	183	.....
Chester Avenue Private Hospital	Gen	Indiv	9	9	108	2	212	.....
Eastern State Penitentiary Hospital	Inst	State	81	..	..	53	1,130	.....
Florence Crittenton Home..	Mat	Indep	15	15	32	11	51	.....
Home of the Merciful Savior for Crippled Children.....	Orth	Indep	62	..	..	62	15	.....
Homewood School	Inst	Indep	100	12	..	135	120	.....
House of the Good Shepherd (col.)	Inst	Chrch	75	..	..	45	52	.....
Kenwood Sanitarium	Conv	Indiv	30	..	..	14	15	.....
Logan Private Hospital...	Conv	Indiv	12	..	..	4	14	.....
Lutheran Orphanage and Home for Aged.....	Inst	Chrch	39	..	..	12	...	.....
Pennsylvania School for the Deaf	Inst	Indep	25	..	..	5	346	.....
Philadelphia County Prison Hospital	Inst	Co	44	..	..	40	393	.....
Philadelphia Home for Incurables	Inc	Indep	204	..	..	204	37	.....
Roseneath Farms	Conv	Indep	23	..	..	16	70	.....
Sharon Hall	Conv	Indiv	36	..	..	31	...	.....
Widener Memorial Industrial Training School for Crippled Children	Orth	Indep	100	..	..	99	18	.....
Pittsburgh, 669,817—Allegheny								
Industrial Home for Crippled Children	Orth	Indep	28	..	..	18	292	.....
Jewish Home for the Aged.	Inst	Indep	55	..	..	40	40	.....
Western Penitentiary Hosp.	Inst	State	28	..	..	20	639	.....
Polk, 3,337—Venango								
Polk State School✦.....	MeDe	State	3,000	..	..	2,808	165	.....
Pottstown, 19,430—Montgomery								
Hill School Infirmary.....	Inst	Indep	29	..	..	6	341	.....
Retreat, 31—Luzerne								
Retreat Home and Hospital for Chronic Diseases.....	Inst	Co	130	..	..	90	...	.....
Rochester, 7,726—Beaver								
Passavant Memorial Homes for the Care of Epileptics	Epil	Chrch	150	..	..	115	14	.....
Schuylkill Haven, 6,514—Schuylkill								
Schuylkill County Almshouse Hospital	Inst	Co	150	..	5	80	80	.....
Scranton, 143,433—Lackawanna								
Municipal Hospital for Contagious Diseases	Iso	City	40	..	..	10	156	.....
Woman's Hospital	Mat	Part	10	8	..	5	175	.....
Selinsgrove, 2,797—Snyder								
Selinsgrove State Colony for Epileptics	Epil	State	464	..	..	100	116	.....
Shillington, 4,401—Berks								
Berks County Almshouse Hospital	Inst	Co	112	..	..	90	...	.....

Key to symbols and abbreviations is on page 1021

PENNSYLVANIA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Somerset, 4,395—Somerset								
Somerset County Home and Hospital	N&M	Co	546	..	..	480	50	.....
State College, 4,450—Centre								
Pennsylvania State College Health Service Hospital	Inst	State	29	..	..	6	415	.....
Troy, 1,190—Bradford								
Martha Lloyd School	MeDe	Indiv	55	..	..	40	12	.....
Tyrone, 9,042—Blair								
Methodist Home for the Aged	Inst	Chrch	11	..	..	8	...	.....
Union City, 3,788—Erie								
Union City Hospital	Gen	Indep	14	5	25	6	190	.....
Valencia, 308—Butler								
Lillian Convalescent Rest.	Conv	Indep	53	..	..	43	373	.....
Weatherly, 2,531—Carbon								
Middle Coal Field Poor District Almshouse	Inst	Co	50	..	..	38	...	.....
White Haven, 1,537—Luzerne								
Clair Mont Sanatorium	TB	Indiv	10	..	..	8	12	.....
Sunnyrest Sanatorium	TB	Indiv	50	..	..	10	22	.....
Wilkes-Barre, 86,626—Luzerne								
Contagious Disease Hosp.	Iso	City	12	..	..	4	100	.....
Willow Grove, 2,065—Montgomery								
Willow Crest for Conv.	Conv	Indep	80	4	..	66	874	.....

Summary for Pennsylvania:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	297	67,304	52,784	556,246
Related institutions	75	11,583	9,828	13,284
Totals	372	78,887	62,612	569,530
Refused registration	24	539		

RHODE ISLAND

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Central Falls, 25,898—Providence								
Notre Dame Hospital	Gen	Indep	50	7	32	20	862	728
East Providence, 29,995—Providence								
Emma Pendleton Bradley Home	Nerv	Indep	50	..	..	45	46	.....
Hillsgrove, 1,820—Kent								
St. Joseph's Sanitarium Annex	TB	Chrch	50	..	..	47	39	.....
Howard, 2,250—Providence								
State Hospital for Mental Diseases✚◇	Ment	State	2,275	..	..	2,229	525	410
State Infirmary	Gen	State	950	49	32	934	734	.....
Newport, 27,612—Newport								
Newport Hospital◇	Gen	Indep	154	21	333	100	2,125	1,287
Station Hospital	Gen	Army	25	..	..	10	542	1,566
U. S. Naval Hospital	Gen	Navy	227	..	28	220	1,658	.....
Pawtucket, 77,149—Providence								
Memorial Hospital★◇	Gen	Indep	166	30	541	138	3,159	5,332
Providence, 252,981—Providence								
Broadway Hospital	Surg	Indiv	11	1	2	2	87	.....
Butler Hospital✚◇	N&M	Indep	174	..	..	139	117	21
Charles V. Chapin Hosp.✚⊙	TbIs	City	265	..	..	202	2,549	12,045
Homeopathic Hospital★◇	Gen	Indep	166	34	585	101	3,339	8,898
Hope Hospital	Gen	Indep	38	..	..	18	649	.....
Jane Brown Mem. Hospital	(Included in Rhode Island Hospital)							
John W. Keefe Surgery	Surg	Indep	25	..	..	2	41	.....
Miriam Hospital	Gen	Indep	63	14	176	36	1,319	2,114
Providence Lying-In Hosp.⊙	Mat	Indep	155	155	2,739	101	2,955	1,684
Rhode Island Hospital★✚◇	Gen	Indep	600	..	..	426	9,942	22,925
St. Joseph's Hospital★◇	Gen	Chrch	298	43	541	157	3,725	.....
Wakefield, 2,716—Washington								
South County Hospital	Gen	Indep	35	10	116	17	605	.....
Wallum Lake, 75—Providence								
Rhode Island State Sanat.✚	TB	State	435	..	..	403	455	4,076
Westerly, 10,997—Washington								
Margaret Edward Anderson Hospital	Gen	Indiv	25	..	..	15	...	.....
Westerly Hospital◇	Gen	Indep	61	12	85	21	617	292
Woonsocket, 49,376—Providence								
Woonsocket Hospital◇	Gen	Indep	128	22	..	61	1,981	2,341
Related Institutions								
Bristol, 11,953—Bristol								
Rhode Island Soldiers' Home	Inst	State	51	..	..	36	51	.....
Howard, 2,250—Providence								
Rhode Island State Prison Hospital	Inst	State	24	..	..	28	475	.....
Sockanosset School for Boys	Inst	State	9	..	..	5	253	.....
Hoxsie, 79—Kent								
Lakeside Preventorium	TB	Indep	150	..	..	57	339	.....
La Fayette, 700—Washington								
Exeter School	MeDe	State	611	..	..	600	102	.....
Providence, 252,981—Providence								
Heath Sanatorium	Conv	Indiv	20	..	..	15	15	.....
Heath Sanatorium Annex	Conv	Indiv	17	..	..	12	12	.....
St. Elizabeth Home for Incurables	Inc	Chrch	44	..	..	42	52	.....

Summary for Rhode Island:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	24	6,379	5,454	39,636
Related institutions	8	851	795	1,299
Totals	32	7,230	6,249	40,935
Refused registration	1	60		

SOUTH CAROLINA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Abbeville, 4,414—Abbeville								
Abbeville County Memorial Hospital◇	Gen	Indep	23	2	18	6	221	49
Aiken, 6,033—Aiken								
Aiken County Hospital	Gen	Co	29	2	31	23	1,016	1,571
Anderson, 14,383—Anderson								
Anderson County Hospital◇	Gen	Indep	76	10	148	39	1,860	4,664
Bennettsville, 3,667—Marlboro								
Marlboro County General Hospital	Gen	Co	33	7	59	17	606	266
Camden, 5,183—Kershaw								
Camden Hospital◇	Gen	Indep	50	8	..	26	...	385
Charleston, 62,265—Charleston								
Baker Sanatorium	Gen	Indiv	50	12	115	24	842	.....
Roper Hospital★◇	Gen	Indep	295	30	698	225	5,272	6,421
St. Francis Xavier Infirm.◇	Gen	Chrch	50	13	76	21	562	.....
Chester, 5,528—Chester								
Pryor Hospital◇	Gen	Indep	60	6	22	18	761	.....
Clinton, 5,643—Laurens								
Dr. Hays' Hospital	Gen	Indiv	15	2	18	6	242	.....
Columbia, 51,581—Richland								
Columbia Hospital★◇	Gen	Co	275	20	249	86	2,873	4,857
Good Samaritan Hospital (col.)◇	Gen	Indep	65	3	..	30	...	.....
South Carolina Baptist Hospital◇	Gen	Chrch	109	6	86	75	2,500	3,488
South Carolina State Hospital◇	Ment	State	3,454	..	..	3,416	1,028	694
Veterans Admin. Facility	Gen	Vet	304	..	..	186	1,461	218
Waverley Sanitarium	N&M	Indep	35	..	..	16	117	.....
Waverly Fraternal Hospital (col.)	Gen	Frat	70	6	36	29	651	729
Conway, 3,011—Horry								
Conway Hospital◇	Gen	Indep	30	6	69	9	660	119
Florence, 14,774—Florence								
Florence-Darlington Tuberculosis Sanatorium	TB	Co	41	..	..	38	58	.....
McLeod Infirmary◇	Gen	Indep	135	8	..	90	2,921	.....
Saunders Memorial Hosp.◇	Gen	Indep	65	4	..	32	1,552	976
Gaffney, 6,827—Cherokee								
City Hospital◇	Gen	Indep	35	..	..	12	...	.....
Greenville, 29,154—Greenville								
Greenville City Hospital★◇	Gen	City	114	11	264	78	2,707	9,647
Greenville County Sanat.	TB	Co	69	..	..	59	85	.....
Dr. Jervey's Private Hosp.	ENT	Indiv	15	..	..	3	140	.....
St. Francis Hospital	Gen	Chrch	52	8	56	11	492	238
Shriners Hospital for Crippled Children	Orth	Frat	60	..	..	62	384	345
Dr. Tyler's Hospital	Surg	Indiv	10	..	..	..	...	.....
Working Benevolent Hospital (col.)	Gen	Frat	22	1	18	7	202	.....
Greenwood, 11,020—Greenwood								
Brewer Hospital (col.)	Gen	Chrch	27	2	25	11	286	.....
Greenwood City Hospital◇	Gen	Indep	52	3	44	15	676	.....
Kingstree, 2,392—Williamsburg								
Kelley Sanatorium	Gen	Indiv	25	5	36	12	407	.....
Lake City, 1,942—Florence								
Lynch Infirmary	Gen	Indiv	20	2	5	2	42	.....
Lancaster, 3,545—Lancaster								
Lancaster Hospital	Gen	Indiv	25	2	..	12	...	.....
Moncks Corner, 623—Berkeley								
Berkeley County Hospital	G&TB	Indep	52	6	..	..	...	643
Moultrieville, 515—Charleston								
Station Hospital	Gen	Army	45	..	..	13	493	2,515
Mullins, 3,158—Marion								
Mullins Hospital◇	Gen	Indep	35	6	64	20	863	.....
Navy Yard, 1,025—Charleston								
Pinehaven Sanatorium	TB	Co	52	..	..	50	...	.....
Newberry, 7,298—Newberry								
Newberry County Hospital◇	Gen	Indep	24	5	30	7	328	62
Parris Island, 305—Beaufort								
U. S. Naval Hospital	Gen	Navy	151	..	20	108	9,244	3,111
Ridgewood (Columbia P. O.),—Richland								
Ridgewood Tuberculosis Camp	TB	Indep	70	..	..	36	44	.....
Rock Hill, 11,322—York								
Fennell Infirmary◇	Gen	Indiv	35	2	..	20	...	.....
Six Mile, 150—Pickens								
Dr. Peek's Hospital	Gen	Indiv	29	1	18	16	427	887
Spartanburg, 28,723—Spartanburg								
Mary Black Memorial Hosp.◇	Gen	Indep	35	4	18	20	776	.....
Spartanburg General Hospital★◇	Gen	Co	256	24	243	233	3,655	3,502
State Park,—Richland								
Palmetto Sanatorium (Colored Division of South Carolina Sanatorium)								
South Carolina Sanatorium	TB	State	276	..	..	234	351	900
Sumter, 11,780—Sumter								
Tuomey Hospital◇	Gen	Indep	80	8	57	37	1,078	755
Union, 7,419—Union								
Wallace Thompson Hospital	Gen	Indep	20	2	..	10	265	.....
Walterboro, 2,592—Colleton								
Charles Es'Dorn Hospital	Gen	Indiv	35	6	37	14	867	.....
Related Institutions								
Cedar Spring, 162—Spartanburg								
South Carolina School for Deaf and Blind Hospital	Inst	State	24	..	..	6	431	.....
Charleston, 62,265—Charleston								
Charleston Orphan House	Inst	City	24	..	..	6	449	.....
Citadel Hospital	Inst	State	30	..	..	6	1,285	.....
Clinton, 5,643—Laurens								
Lesh Infirmary of Thornwell Orphanage	Inst	Chrch	45	..	..	7	260	.....
State Training School	MeDe	State	514	..	..	507	50	.....

Key to symbols and abbreviations is on page 1021

SOUTH CAROLINA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Columbia, 51,581—Richland								
Wallace Thomson Infirmary	Inst	State	30	..	..	5	204	.....
Georgetown, 5,082—Georgetown								
Florence Williams Hospital (col.)	Gen	Indiv	15	..	3	1	38	10
Greenville, 29,154—Greenville								
Webb Memorial Infirmary	Inst	Indep	42	..	..	5	42	.....
Leesville, 1,340—Lexington								
Leesville Infirmary	Gen	Indep	24	7	28	9	195	.....
Summerville, 2,579—Dorchester								
Arthur B. Lee Hospital (col.)	Gen	Indep	11	1	17	4	105	44
Summerville Infirmary	Gen	Indep	10	5	27	6	146	121
Sumter, 11,780—Sumter								
Camp Alice, Sumter County Tuberculosis Sanitarium	TB	CyCo	26	..	..	20	64	.....
Woodruff, 3,175—Spartanburg								
Workman Memorial Hosp.	Gen	Indiv	7	3	..	3	...	.....

Summary for South Carolina:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	49	6,825	5,489	51,562
Related institutions	14	812	581	3,240
Totals	63	7,637	6,070	54,802
Refused registration	2	56		

SOUTH DAKOTA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Aberdeen, 16,465—Brown								
Aberdeen Good Samaritan Hospital	Gen	Indep	30	9	45	10	407	.....
St. Luke's Hospital◇	Gen	Chrch	125	25	251	52	1,948	.....
Belle Fourche, 2,032—Butte								
John Burns Memorial Hosp.	Gen	Indep	30	6	40	5	75	.....
Bowdle, 773—Edmunds								
Community Hospital	Gen	Indep	12	1	20	3	150	.....
Brookings, 4,376—Brookings								
Wesley Hospital	Gen	Chrch	24	8	88	8	475	.....
Canova, 364—Miner								
Canova Hospital	Gen	Indep	13	4	30	4	190	.....
Chamberlain, 1,364—Brule								
Chamberlain Sanitarium and Hospital⊙	Gen	Indep	60	6	54	21	579	1,845
Cheyenne Agency, 121—Dewey								
Cheyenne River Indian Hosp.	Gen	I A	40	6	..	24	656	.....
Deadwood, 2,559—Lawrence								
St. Joseph's Hospital◇	Gen	Chrch	50	6	62	15	1,100	.....
Dell Rapids, 1,657—Minnehaha								
Dell Rapids Hospital⊙	Gen	Indep	30	6	29	8	247	198
Edgemont, 1,103—Fall River								
Edgemont Hospital	Gen	Indiv	10	3	22	2	76	.....
Eureka, 1,308—McPherson								
Eureka Community Hosp.	Gen	Indep	23	5	24	6	241	.....
Faulkton, 739—Faulk								
Faulk County Hospital	Gen	Co	17	6	54	7	508	.....
Flandreau, 1,934—Moody								
Flandreau Hospital	Gen	Indiv	10	1	10	3	110	.....
Ft. Meade, —Meade								
Station Hospital	Gen	Army	60	..	..	20	739	.....
Ft. Thompson, 65—Buffalo								
Marcoe Indian Hospital	Gen	I A	28	5	25	27	400	1,158
Garretson, 655—Minnehaha								
De Vall Hospital	Gen	Indiv	10	2	11	2	60	800
Hot Springs, 2,908—Fall River								
Black Hills Hospital	Gen	Indiv	22	8	40	6	203	.....
Lutheran Sanatorium and Hospital	Gen	Chrch	30	4	23	10	236	.....
Our Lady of Lourdes Hospital and Sanitarium◇	Gen	Chrch	50	6	30	26	728	.....
Veterans Admin. Facility	Gen	Vet	640	..	..	546	1,069	.....
Huron, 10,946—Beadle								
Sprague Hospital◇	Gen	Indep	49	6	113	20	737	1,416
Lead, 5,733—Lawrence								
Homestake Hospital	Gen	Indus	25	5	30	13	443	.....
Lemmon, 1,508—Perkins								
Lemmon Hospital	Gen	Indiv	14	5	12	5	340	.....
Madison, 4,289—Lake								
Madison Community Hosp.	Gen	Indep	60	12	63	15	730	.....
Milbank, 2,389—Grant								
St. Bernard Providence Hosp.	Gen	Chrch	25	5	43	6	204	.....
Miller, 1,447—Hand								
Miller Hospital and Clinic	Gen	Indiv	16	5	..	5	482	.....
Mitchell, 10,942—Davison								
Methodist State Hospital◇	Gen	Chrch	90	12	112	40	1,500	.....
St. Joseph's Hospital◇	Gen	Chrch	85	15	155	39	1,234	.....
Mobridge, 3,464—Walworth								
Lowe Hospital	Gen	Indiv	20	6	28	8	370	.....
Mobridge Hospital	Gen	Indep	20	7	..	10	464	.....
New Underwood, 311—Pennington								
New Underwood Community Hospital	Gen	Indep	13	6	37	3	144	.....
Pierre, 3,659—Hughes								
St. Mary's Hospital◇	Gen	Chrch	75	8	95	47	1,937	754
Pine Ridge, 618—Shannon								
Pine Ridge Hospital	Gen	I A	57	8	75	43	1,223	1,008
Rapid City, 10,404—Pennington								
Black Hills Methodist Hosp.◇	Gen	Chrch	60	9	113	28	990	1,052
St. John's McNamara Hosp.◇	Gen	Chrch	75	12	94	25	670	.....
Redfield, 2,664—Spink								
Baldwin Community Hosp.	Gen	City	15	5	14	3	148	.....

SOUTH DAKOTA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Rosebud, 120—Todd								
Rosebud Agency Indian Hospital	Gen	I A	36	6	74	31	971	3,945
Sanator, 10—Custer								
South Dakota State Sanatorium for Tuberculosis	TB	State	192	..	..	165	120	.....
Sioux Falls, 33,362—Minnehaha								
McKennan Hospital◇	Gen	Chrch	95	18	247	57	3,035	.....
Moe Hospital and Clinic◇	Gen	Indiv	50	8	45	19	825	1,506
Sioux Valley Hospital◇	Gen	Indep	100	25	226	55	2,029	.....
Volga, 604—Brookings								
Volga Hospital	Gen	Indep	14	6	..	4	219	.....
Watertown, 10,214—Codington								
Bartron Hospital◇	Gen	Indiv	60	10	..	..	...	.....
Luther Hospital◇	Gen	Chrch	65	10	..	28	964	.....
Webster, 1,805—Day								
Peabody Hospital◇	Gen	Indiv	50	9	76	26	816	.....
Winner, 2,220—Tripp								
Wilson Hospital	Gen	Indiv	10	2	21	2	126	.....
Winner General Hospital	Gen	Indiv	12	5	..	6	223	.....
Yankton, 6,072—Yankton								
Sacred Heart Hospital◇	Gen	Chrch	130	20	110	55	1,291	.....
Yankton State Hospital✚	Ment	State	1,728	..	..	1,495	304	.....
Related Institutions								
Avon, 670—Bon Homme								
Hollingsworth Hospital	Gen	Indiv	5	3	..	2	86	.....
Camp Crook, 161—Harding								
Camp Crook Hospital	Gen	Indiv	10	2	7	3	82	.....
Flandreau, 1,934—Moody								
Flandreau Indian School Hospital	Gen	I A	35	..	..	24	508	.....
Hot Springs, 2,908—Fall River								
State Soldiers' Home	Inst	State	30	..	..	20	130	.....
Onida, 363—Sully								
Onida Hospital	Gen	Indiv	8	3	..	3	175	.....
Pierre, 3,659—Hughes								
Pierre Indian School Hosp.	Gen	I A	26	..	..	4	262	.....
Platte, 1,207—Charles Mix								
Platte Hospital	Gen	Indiv	7	2	16	3	150	500
Redfield, 2,664—Spink								
State School and Home for Feebleminded	MeDe	State	700	..	..	590	65	.....
Wagner, 1,420—Charles Mix								
Duggan Hospital	Gen	Indiv	7	1	10	2	90	.....
Pinard Hospital	Gen	Indiv	8	2	..	3	110	.....

Summary for South Dakota:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	50	3,906	2,558	31,153
Related institutions	15	1,605	1,313	2,872
Totals	65	5,511	3,871	34,025
Refused registration	3	133		

TENNESSEE

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Athens, 5,385—McMinn								
Foree Hospital	Gen	Part	10	3	35	5	150	.....
Bolivar, 1,217—Hardeman								
Western State Hospital✚	Ment	State	1,875	..	..	1,585	556	.....
Brownsville, 3,204—Haywood								
Haywood County Memorial Hospital	Gen	Indep	32	6	13	9	306	73
Chattanooga, 119,798—Hamilton								
Baroness Erlanger Hosp.★◇	Gen	CyCo	220	26	909	176	5,906	4,733
Children's Hospital✚	MatCh	CyCo	73	11	116	41	1,060	3,470
Newell and Newell Sanit.◇	Gen	Part	50	5	..	45	...	.....
Pine Breeze Sanatorium✚	TB	Indep	225	..	..	216	201	1,140
Clarksville, 9,242—Montgomery								
Clarksville Home Infirmary (col.)	Gen	Indiv	25	2	2	4	200	.....
Clarksville Hospital◇	Gen	Indep	40	6	..	15	512	.....
Cleveland, 9,136—Bradley								
Speck Hospital	Gen	Indep	30	2	9	4	175	.....
Columbia, 7,882—Maury								
Kings Daughters Hospital◇	Gen	Indep	50	5	43	11	798	.....
Dayton, 2,006—Rhea								
Broyles Private Hospital	Gen	Indiv	12	3	8	4	156	.....
Dyersburg, 8,733—Dyer								
Baird-Brewer Gen. Hosp.◇	Gen	Indep	50	2	13	9	597	.....
Elizabethton, 8,093—Carter								
St. Elizabeth General Hosp.	Gen	Indep	25	5	47	7	375	.....
Greeneville, 5,544—Greene								
Greeneville Sanatorium and Hospital◇	Gen	Indep	60	3	11	17	598	.....
Takoma Hospital and Sanitarium◇	Gen	Indep	40	6	22	20	660	1,200
Humboldt, 4,613—Gibson								
Oursler Clinic	Gen	Indiv	10	2	..	5	396	.....
Jackson, 22,172—Madison								
Crook Santorium◇	Gen	Indep	25	12	..	12	...	.....
Memorial Hospital◇	Gen	Indep	30	5	44	14	566	980
Webb-Williamson Hospital-Clinic	Gen	Indep	24	6	45	13	573	.....
Johnson City, 25,080—Washington								
Appalachian Hospital◇	Gen	Indep	50	6	108	21	7,513	.....
Campbell's Eye, Ear, Nose and Throat Hospital	ENT	Indiv	10	...	..	2	600	.....
Elizabeth Goss Memorial Hospital	Gen	Indiv	20	..	..	6	...	.....

Key to symbols and abbreviations is on page 1021

TENNESSEE—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Jones Eye, Ear, Nose and Throat Hospital	ENT	Indiv	17	..	..	12	1,600	.....
Veterans Admin. Facility	Gen	Vet	677	..	..	536	2,885	.....
Kingsport, 11,914—Sullivan								
Kingsport General Hospital	Gen	Indep	16	3	33	8	497	.....
Marsh Clinic and Hospital	Gen	Indiv	20	3	24	7	272	.....
Knoxville, 105,802—Knox								
Beverly Hills Sanatorium	TB	CyCo	176	..	..	155	173	150
Dr. H. E. Christenbery Eye, Ear, Nose and Throat Infirmary	ENT	Indiv	12	2	..	2	453	.....
Eastern State Hospital	Ment	State	1,300	..	..	1,300	451	.....
Ft. Sanders Hospital◇	Gen	Indep	130	15	228	51	2,235	.....
Knoxville General Hosp.★✦◇	Gen	City	350	30	668	124	4,896	15,044
St. Mary's Memorial Hosp.◇	Gen	Chrch	63	12	146	27	1,047	112
Lawrenceburg, 3,102—Lawrence								
Lawrenceburg Sanitarium and Hospital	Gen	Indep	20	2	17	7	273	89
Lebanon, 4,656—Wilson								
Lillard's Infirmary	Gen	Indiv	18	..	..	..	...	.....
Martha Gaston Hospital	Gen	Indiv	23	1	15	11	600	1,500
McFarland Hospital	Gen	Indiv	12	2	7	5	147	.....
Loudon, 2,578—Loudon								
J. J. Harrison, Jr. Sanitarium	Gen	Indiv	25	..	..	..	...	.....
Madison, 89—Davidson								
Madison Rural Sanitarium◇	Gen	Indep	100	6	33	46	974	1,006
Maryville, 4,958—Blount								
Carson's Hospital	Gen	Indiv	20	..	15	4	388	702
McMinnville, 3,914—Warren								
McMinnville Infirmary	Gen	Indiv	10	3	4	2	66	.....
Memphis, 253,143—Shelby								
Baptist Memorial Hosp.★◇	Gen	Chrch	380	20	474	252	11,553	.....
Collins Chapel Connectional Hospital (col.)◇	Gen	Indep	50	10	..	12	...	.....
Crippled Children's Hospital School	Orth	Indep	36	..	..	32	111	.....
Gartly-Ramsay Hospital◇	Gen	Indep	42	8	81	18	932	.....
Hospital for Crippled Adults	Orth	Indep	60	..	..	24	258	.....
Lynnhurst Sanitarium	N&M	Indiv	20	..	..	8	36	.....
Memphis Eye, Ear, Nose and Throat Hospital✦	ENT	Indep	69	..	..	15	1,778	4,677
Memphis General Hosp.★✦◇	Gen	City	378	47	1,263	397	11,257	25,025
Methodist Hospital★◇	Gen	Chrch	160	30	645	94	3,643	.....
St. Joseph's Hospital★◇	Gen	Chrch	260	36	571	98	5,415	2,985
U. S. Marine Hospital	Gen	USPH	65	..	..	70	768	2,097
Veterans Admin. Facility	Gen	Vet	449	..	..	259	600	.....
Wallace Sanitarium	N&M	Part	50	..	..	22	374	.....
Willis C. Campbell Clinic	Orth	Part	50	..	..	28	658	1,496
Monterey, 1,731—Putnam								
Officer Sanatorium	TB	Indiv	12	..	..	6	24	12
Morristown, 7,305—Hamblen								
Morristown General Hosp.◇	Gen	Indep	25	2	..	11	320	.....
Murfreesboro, 7,993—Rutherford								
Rutherford Hospital	Gen	Indep	42	8	83	17	846	1,386
Nashville, 153,866—Davidson								
Barr Infirmary◇	Gen	Indiv	25	..	..	15	...	.....
Central State Hospital	Ment	State	1,700	..	..	1,524	459	.....
City View Sanitarium◇	N&M	Indiv	65	..	..	23	265	.....
Davidson County Tuberculosis Hospital✦◇	TB	Co	300	..	..	246	232	3,892
Geo. W. Hubbard Hospital of Meharry Medical College (col.)★◇	Gen	Indep	144	20	269	78	2,118	3,258
Hospital for the Criminal Insane	(Unit of the Central State Hospital)							
Millie E. Hale Hospital (col.)	Gen	Indep	40	10	12	14	240	241
Nashville General Hosp.★✦◇	Gen	City	275	30	780	138	4,816	18,694
Protestant Hospital◇	Gen	Indep	100	12	117	43	1,999	217
St. Thomas Hospital◇	Gen	Chrch	200	25	810	91	4,444	.....
Vanderbilt University Hospital✦✦◇	Gen	Indep	195	15	284	149	4,122	5,706
Newport, 2,989—Cocke								
Dr. E. E. Northcutt Infirm.	Gen	Indiv	12	2	2	2	56	.....
Oakville, 163—Shelby								
Oakville Memorial Sanat	TB	CyCo	300	..	..	235	...	.....
Paris, 8,164—Henry								
McSwain Clinic	Gen	Indiv	16	4	23	9	358	4,200
Wiggins Clinic	Gen	Indiv	12	2	4	3	143	.....
Pleasant Hill, 165—Cumberland								
"Uplands" Cumberland Mountain Sanatorium	Gen	Indep	20	4	14	9	93	2,000
Pressmen's Home, 160—Hawkins								
International Printing Pressmen and Assistants' Union Sanatorium and Home	TB	Indep	40	..	..	30	16	.....
Pulaski, 3,367—Giles								
Pulaski Hospital	Gen	Indiv	25	3	16	6	401	.....
Richard City, 522—Marion								
Dixie Hospital	Gen	Indiv	10	2	6	2	47	.....
Ridgetop, 196—Robertson								
Watauga Sanitarium	TB	Indep	40	..	..	13	28	.....
Rockwood, 3,898—Roane								
Chamberlain Mem. Hosp.◇	Gen	Indep	40	5	25	12	471	.....
Rogersville, 1,590—Hawkins								
Lyon's Private Hospital	Gen	Indiv	10	2	34	6	249	.....
Sewanee, 530—Franklin								
Emerald-Hodgson Memorial Hospital	Gen	Chrch	50	10	60	6	363	2,218
Shelbyville, 5,010—Bedford								
Bedford County Hospital	Gen	Indep	25	2	..	10	...	.....
Sweetwater, 2,271—Monroe								
Sweetwater Hospital	Gen	Indiv	18	4	4	4	107	.....

TENNESSEE—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Chattanooga, 119,798—Hamilton								
William L. Bork Memorial Hospital	N&M	Co	208	..	..	182	126	.....
Copperhill, 1,050—Polk								
Tennessee Copper Company's Hospital	Indus	Indus	16	..	..	4	...	.....
Donelson, 110—Davidson								
Tennessee Home and Training School for Feebleminded Persons	MeDe	State	600	..	..	588	62	.....
Etowah, 4,209—McMinn								
Etowah Hospital	Gen	Indiv	14	..	2	2	69	.....
Fayetteville, 3,822—Lincoln								
Lincoln County Hospital	Gen	CyCo	25	2	10	7	288	.....
Fountain Head, 180—Sumner								
Fountain Head Sanitarium and Hospital	Conv	Indep	20	2	..	8	74	.....
Hermitage, 62—Davidson								
Confederate Soldiers' Home	Inst	State	8	..	..	6	16	.....
Jefferson City, 1,898—Jefferson								
Jefferson Hospital	Gen	Indiv	15	2	..	..	...	.....
Knoxville, 105,802—Knox								
Reaves-Leach Infirmary	ENT	Part	6	..	..	..	224	9,316
Tennessee School for Deaf	Inst	State	20	..	..	11	624	.....
University of Tennessee Hospital	Inst	State	25	..	..	3	387	.....
Maryville, 4,958—Blount								
Burchfield's Eye, Ear and Throat Hospital	ENT	Indiv	5	..	..	2	296	107
Ralph Max Lamar Memorial Hospital	Inst	Indep	13	..	..	3	52	.....
Memphis, 253,143—Shelby								
Ella Oliver Home	Mat	Indep	36	12	15	16	...	.....
Shelby County Hospital	Inst	Co	562	..	..	536	667	.....
Nashville, 153,866—Davidson								
Davidson County Hospital	N&M	Co	600	..	..	551	405	.....
Davidson County Isolation Hospital	Iso	Co	50	..	..	7	31	.....
Tennessee Industrial School	Inst	State	85	..	..	10	...	.....
Tennessee State Prison Hosp.	Inst	State	79	..	..	55	1,624	.....
Raleigh, 287—Shelby								
Cheerfield Farm Preventorium	TB	CyCo	50	..	..	48	...	.....

Summary for Tennessee:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	81	11,012	8,013	98,747
Related institutions	22	3,188	2,554	9,696
Totals	103	14,200	10,567	108,443
Refused registration	9	121		

TEXAS

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Abilene, 23,175—Taylor								
Abilene Sate Hospital	Epil	State	1,050	..	..	1,013	217	.....
West Texas Baptist Sanit.◇	Gen	Chrch	60	8	216	40	2,219	.....
Alice, 4,239—Jim Wells								
Alice Hospital	Gen	Part	10	3	9	4	233	.....
Amarillo, 43,132—Potter								
Northwest Texas Hosp.◇	Gen	Co	75	10	162	39	1,317	500
St. Anthony's Hospital◇	Gen	Chrch	100	12	160	22	1,262	.....
Archer City, 1,512—Archer								
Archer Hospital	Gen	Indiv	10	..	..	..	...	.....
Austin, 53,120—Travis								
Austin State Hospital	Ment	State	2,167	..	..	2,131	347	.....
Brackenridge Hospital◇	Gen	City	149	14	464	55	2,652	3,900
St. David's Hospital◇	Gen	Chrch	60	12	111	52	1,621	.....
Seton Infirmary◇	Gen	Chrch	100	10	142	52	2,156	.....
Ballinger, 4,187—Runnels								
Halley and Love Sanit	Gen	Part	25	5	..	7	274	784
Bastrop, 1,895—Bastrop								
F. A. Orgain Mem. Hosp	Gen	Indep	16	3	18	5	286	.....
Bay City, 4,070—Matagorda								
Dr. Loos' Hospital	Gen	Indiv	15	4	30	4	231	.....
Beaumont, 57,732—Jefferson								
Beaumont General Hospital	Gen	Indep	75	10	140	31	1,140	.....
Hotel Dieu Hospital★◇	Gen	Chrch	175	12	325	90	3,355	.....
Jefferson County Tuberculosis Hospital	TB	Co	78	..	..	66	97	.....
Jefferson County Tuberculosis Hospital (col.)	TB	Co	20	..	..	19	41	.....
Belton, 3,779—Bell								
Belton General Hospital	Gen	Part	14	4	..	4	300	.....
Big Spring, 13,735—Howard								
Big Spring Hospital	Gen	Indep	35	6	68	11	730	.....
Bivings Hospital	Gen	Indiv	19	6	11	3	196	.....
Bonham, 5,655—Fannin								
S. B. Allen Memorial Hosp.◇	Gen	Indep	32	5	35	9	452	.....
Borger, 6,532—Hutchinson								
North Plains Hospital	Gen	Co	20	4	95	5	375	.....
Bowie, 3,131—Montague								
Bowie Clinic Hospital	Gen	Indep	14	2	11	4	187	.....
Brackettville, 1,822—Kinney								
Station Hospital	Gen	Army	25	1	11	15	492	857
Brady, 3,983—McCulloch								
Brady Hospital◇	Gen	Part	45	5	68	15	626	6,924
Breckenridge, 7,569—Stephens								
West Side Hospital	Gen	Indep	25	1	..	7	235	.....
Brenham, 5,974—Washington								
St. Francis Hospital	Gen	Chrch	23	3	..	8	457	1,460
Sarah B. Milroy Mem. Hosp.	Gen	Indep	25	2	22	6	317	.....

Key to symbols and abbreviations is on page 1021

TEXAS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Brownsville, 22,021—Cameron								
Mercy Hospital	Gen	Chrch	50	6	24	20	700	.....
Station Hospital	Gen	Army	50	3	13	6	422	2,505
Brownwood, 12,789—Brown								
Bellevue Hospital	Gen	Indiv	16	6	..	10	324	.....
Central Texas Hospital	Gen	Indep	30	1	17	14	722	1,008
Medical Arts Hospital	Gen	Indep	36	4	19	11	690	.....
Bryan, 7,814—Brazos								
Wilkerson Memorial Clinic.	Gen	Indiv	19	2	37	7	489	.....
Cameron, 4,565—Milam								
Cameron Hospital◇	Gen	Part	35	5	50	25	572	757
Canadian, 2,068—Hemphill								
Canadian Hospital	Gen	Indiv	10	3	10	3	330	.....
Center, 2,510—Shelby								
Center Sanitarium	Gen	Indiv	13	2	10	2	100	.....
Warren Hospital	Gen	Part	12	1	5	3	115	.....
Childress, 7,163—Childress								
Jeter-Townsend Hospital	Gen	Part	30	2	18	10	520	.....
Cisco, 6,027—Eastland								
Graham Sanitarium	Gen	Indiv	22	3	22	3	800	.....
Cleburne, 11,539—Johnson								
Cleburne Sanitarium	Gen	Indiv	20	5	20	10	168	.....
Coleman, 6,078—Coleman								
Overall Memorial Hospital.	Gen	CyCo	40	2	..	10	276	.....
Colorado, 4,671—Mitchell								
C. L. Root Hospital	Gen	Indiv	20	3	17	6	350	.....
Conroe, 2,457—Montgomery								
Mary Swain Sanitarium	Gen	Indiv	18	4	..	6	400	.....
Corpus Christi, 27,741—Nueces								
Fred Roberts Mem. Hosp.◇	Gen	Indep	65	10	61	12	740	203
Medical-Professional Hosp.	Gen	Indep	28	5	26	1	330	.....
Spohn Hospital◇	Gen	Chrch	56	12	120	31	1,268	.....
Corsicana, 15,202—Navarro								
Corsicana Hosp. and Clinic	Gen	Indep	20	2	4	3	114	.....
Navarro Clinic Hospital	Gen	Indep	20	6	40	8	454	.....
Physicians and Surgeons Hospital	Gen	Co	65	7	..	10	850	.....
Cuero, 4,672—DeWitt								
Burns Hospital	Gen	Indep	35	1	..	15	...	.....
Lutheran Hospital, "Reuss Memorial"	Gen	Chrch	35	2	8	4	177	.....
Dallas, 260,475—Dallas								
Baylor University Hosp.*✦◇	Gen	Chrch	345	30	924	230	9,856	4,005
Bradford Memorial Hospital for Babies⊙	Chil	Indep	50	10	..	35	665	1,194
Carrell-Driver-Girard Clinic and Dallas Orthopedic Hospital	Orth	Indep	25	..	..	9	110	1,225
Dallas Medical and Surgical Clinic Hospital	Gen	Part	27	..	..	17	902	.....
Dallas Methodist Hosp.◇	Gen	Chrch	82	18	290	57	2,543	437
Jones Eye, Ear, Nose and Throat Hosp. and Clinic	ENT	Part	11	..	..	3	...	.....
Parkland Hospital*✦◇	Gen	CyCo	257	36	1,259	237	8,685	8,684
Pinkston Clinic (col.)	Gen	Indiv	18	2	7	4	241	.....
Rushing Clinic and Sanit.	Gen	Indiv	25	3	25	15	553	820
St. Paul's Hospital*◇	Gen	Chrch	271	29	536	142	5,189	8,310
Texas Scottish Rite Hosp. for Crippled Children✦	Orth	Frat	35	..	..	36	483	1,727
Timberlawn Sanitarium	Ment	Indep	40	..	..	15	116	.....
Woodlawn Sanatorium	TB	CyCo	120	..	..	112	350	.....
Denison, 13,850—Grayson								
Denison City Hospital	Gen	Indep	25	2	41	5	365	.....
M. K. T. Railroad Employees Hospital	Indus	Indus	65	..	..	46	843	1,200
Denton, 9,587—Denton								
Denton Hospital and Clinic	Gen	Part	32	4	..	5	296	.....
Eagle Pass, 5,059—Maverick								
Gates' Hospital	Gen	Indiv	12	1	..	5	...	.....
Edinburg, 4,821—Hidalgo								
Ponton-Brown Clinic Hosp.	Gen	Part	56	12	14	6	208	.....
Electra, 6,712—Wichita								
Parmley-Ogden Hospital	Gen	Part	20	4	17	3	137	.....
El Paso, 102,421—El Paso								
El Paso City-County Hosp.*	Gen	CyCo	170	8	194	114	2,042	10,605
El Paso Masonic Hosp.◇	Gen	Frat	50	16	207	25	1,173	135
Hendricks-Laws Sanatorium	TB	Part	57	..	..	21	24	.....
Homan Sanatorium✦	TB	Indep	110	..	..	54	106	180
Hotel Dieu, Sisters Hosp.◇	Gen	Chrch	100	23	178	37	1,660	.....
Long Sanatorium	TB	Indiv	50	..	..	15	50	.....
Price Sanatorium	TB	Indiv	15	..	..	5	...	.....
Providence Hospital	Gen	Indiv	40	8	23	10	705	.....
St. Joseph's Sanatorium✦	TB	Chrch	75	..	..	47	113	.....
Southern Baptist Sanat.	TB	Chrch	85	..	..	50	130	.....
William Beaumont General Hospital	Gen	Army	512	7	71	293	3,243	6,578
Ennis, 7,069—Ellis								
Municipal Hospital	Gen	City	23	3	..	6	...	.....
Floresville, 1,581—Wilson								
Oxford-Archer Hospital	Gen	Part	10	1	..	3	148	.....
Floydada, 2,637—Floyd								
Drs. Smith and Smith Sanit.	Gen	Part	12	..	..	3	300	.....
Forney, 1,216—Kaufman								
Forney Sanitarium	Gen	Indep	25	5	11	5	50	700
Fort Worth, 163,477—Tarrant								
All Saints Episcopal Hosp.	Gen	Chrch	85	15	139	16	837	.....
Arlington Heights Sanit.	N&M	Indep	40	..	..	18	83	.....
Baptist Hospital	Gen	Chrch	25	8	..	15	...	.....
City and County Hosp.*◇	Gen	CyCo	115	15	654	97	8,021	6,391
W. I. Cook Memorial Hosp.	Gen	Indep	45	8	40	22	796	.....
Ft. Worth Children's Hosp.⊙	Chil	Indep	35	4	..	29	400	.....
Harris' Clinic Hospital*◇	Gen	Indiv	90	10	66	34	1,400	4,887
Methodist Hospital	Gen	Chrch	100	16	308	32	1,343	.....
St. Joseph's Hospital*◇	Gen	Chrch	185	15	228	77	2,506	.....

TEXAS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Freeport, 3,162—Brazoria								
Freeport Hospital	Gen	Indus	14	8	63	6	2,190	.....
Gainesville, 8,915—Cooke								
Gainesville Sanitarium◇	Gen	Indep	25	6	..	15	...	.....
Galveston, 52,938—Galveston								
Galveston State Psychopathic Hospital	Ment	State	55	..	..	49	202	.....
John Sealy Hospital*◇	Gen	City	350	24	507	241	5,242	18,482
St. Mary's Infirmary*◇	Gen	Chrch	150	15	281	57	1,961	.....
Station Hospital	Gen	Army	25	..	..	10	468	4,632
U. S. Marine Hospital	Gen	USPH	106	..	..	166	1,545	3,830
Georgetown, 3,583—Williamson								
Martin Hospital	Gen	Part	17	4	31	7	271	.....
Gilmer, 1,963—Upshur								
Elmwood Sanitarium	Gen	Indiv	15	2	20	4	107	.....
Oaklawn Sanitarium	Gen	Indiv	10	2	..	2	100	.....
Gonzales, 3,859—Gonzales								
Holmes Hospital	Gen	Indep	25	4	25	10	350	.....
Gorman, 1,154—Eastland								
Blackwell Sanitarium	Gen	Part	20	1	..	8	240	.....
Graham, 4,981—Young								
Graham Hospital	Gen	Indep	16	2	41	13	369	.....
Greenville, 12,407—Hunt								
Dr. E. P. Becton's Hospital	Surg	Indiv	16	..	..	6	350	.....
Dr. Joe Becton's Hospital	Surg	Indiv	17	..	..	1	74	.....
Cantrell Hospital	Gen	Indiv	25	4	..	10	...	.....
Groesbeck, 2,059—Limestone								
Dr. Cox's Hospital	Gen	Indiv	12	4	8	2	600	.....
Gulf, 725—Matagorda								
Texas Gulf Sulphur Company Hospital	Gen	Indus	14	1	6	2	65	.....
Hallettsville, 1,406—Lavaca								
Renger Hospital	Gen	Indiv	15	3	16	12	174	214
Hamilton, 2,084—Hamilton								
Hamilton Sanitarium	Gen	Part	40	..	..	15	...	.....
Harlingen, 12,124—Cameron								
Valley Baptist Hospital	Gen	Chrch	35	4	67	12	567	.....
Henderson, 2,932—Rusk								
Henderson Hospital	Gen	Indep	30	4	..	16	554	.....
Hereford, 2,458—Deaf Smith								
Deaf Smith County Hosp.	Gen	Co	15	4	34	4	227	.....
Hillsboro, 7,823—Hill								
Boyd Sanitarium	Gen	Indiv	25	2	11	4	271	.....
Houston, 292,352—Harris								
Autry Memorial Hospital	(Children's Dept. of Houston Tuber. Hosp.)							
Dr. Greenwood's Sanitarium	N&M	Indep	35	..	..	22	125	.....
Heights Clinic-Hospital	Gen	Indep	30	6	156	10	665	.....
Hermann Hospital*✦◇	Gen	Indep	176	20	476	120	4,159	4,426
Houston Eye, Ear, Nose and Throat Hospital	ENT	Indep	25	..	..	8	1,042	.....
Houston Negro Hospital	Gen	Indep	50	3	12	12	373	.....
Houston Tuberculosis Hosp.	TB	CyCo	171	..	..	160	358	.....
Jefferson Davis Hosp.*◇	Gen	CyCo	165	15	1,153	183	6,398	43,515
Memorial Hospital◇	Gen	Chrch	170	21	997	120	4,576	719
Methodist Hospital◇	Gen	Chrch	88	12	233	48	2,113	244
Park View Hospital	Gen	Indep	25	4	47	8	375	1,268
St. Joseph's Infirmary◇	Gen	Chrch	200	25	751	130	4,790	.....
Southern Pacific Hospital	Indus	Indus	130	..	..	73	1,590	4,256
Turner Urological Institute.	Urol	Part	16	..	..	8	337	2,225
Jacksonville, 6,748—Cherokee								
Nan Travis Memorial Hosp.	Gen	Indep	38	5	45	17	937	.....
Jasper, 3,393—Jasper								
Hardy-Hancock Hospital	Gen	Part	18	..	..	10	...	.....
Kelly Field,—Bexar								
Station Hospital	Gen	Army	50	..	..	12	734	2,634
Kerrville, 4,546—Kerr								
Kerrville Clinic and Secor Hospital	Gen	Indiv	25	3	9	8	229	.....
Thompson Sanatorium	TB	Indiv	86	..	..	35	100	.....
Kingsville, 6,815—Kleberg								
Kleberg County Hospital	Gen	Co	50	10	37	17	517	.....
Knox City, 906—Knox								
Knox County Hospital	Gen	Co	15	6	..	9	...	.....
Lagrange, 2,354—Fayette								
Lagrange Hospital	Gen	Indep	45	5	..	15	...	.....
Lamesa, 3,528—Dawson								
Lamesa Sanitarium	Gen	Indiv	15	4	36	4	120	.....
Dr. J. C. Loveless Hosp.	Gen	Indiv	12	4	14	1	128	.....
Laredo, 32,618—Webb								
Mercy Hospital◇	Gen	Chrch	84	6	45	20	727	.....
Station Hospital	Gen	Army	25	..	..	7	230	1,641
Legion, 819—Kerr								
Veterans Admin. Facility	TB	Vet	433	..	..	344	634	.....
Livingston, 1,165—Polk								
Bergman Hospital	Gen	Indiv	10	2	..	4	206	.....
Lockhart, 4,367—Caldwell								
Lockhart Sanitarium	Gen	Indep	20	1	7	4	150	.....
Longview, 5,036—Gregg								
Adams-Farrar Hospital	Gen	Part	14	4	25	2	150	.....
Hurst Eye, Ear, Nose and Throat Hospital	ENT	Indiv	10	..	..	3	500	.....
Markham Sanitarium	Gen	Indiv	19	3	34	9	402	3,750
Lubbock, 20,520—Lubbock								
Lubbock Sanitarium◇	Gen	Indep	90	10	70	43	2,160	.....
West Texas Hospital◇	Gen	Indep	60	6	58	18	...	.....
Lufkin, 7,311—Angelina								
Angelina County Hosp.	Gen	Co	35	5	54	20	853	.....
Marlin, 5,338—Falls								
Buie-Allen Hospital	Gen	Indiv	20	2	..	6	...	.....
Shaw Clinic and Hospital	Gen	Indiv	10	2	29	4	147	1,000
Torbett Sanatorium and Diagnostic Clinic	Gen	Indiv	50	3	10	11	706	1,793
Marshall, 16,203—Harrison								
Kahn Memorial Hospital	Gen	Indep	30	6	33	7	358	.....

Key to symbols and abbreviations is on page 1021

TEXAS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
McAllen, 9,074—Hidalgo								
McAllen Municipal Hosp.◇..	Gen	City	65	9	73	21	788	.....
McKinney, 7,307—Collin								
Burton Eye, Ear, Nose and Throat Sanitarium	ENT	Indiv	10	..	..	1	100	.....
McKinney City Hospital◇..	Gen	City	36	4	37	16	517	200
Memphis, 4,257—Hall								
Memphis Hospital	Gen	Indiv	15	1	11	4	169	.....
Mercedes, 6,608—Hidalgo								
Mercedes General Hospital..	Gen	Indep	25	4	27	4	205	.....
Mexia, 6,579—Limestone								
Brown Hospital	Gen	Indiv	20	..	34	15	548	.....
Midland, 5,484—Midland								
Midland Clinic-Hospital ...	Gen	Indiv	20	1	10	3	154	.....
Mineral Wells, 5,986—Palo Pinto								
Nazareth Hospital	Gen	Chrch	40	4	15	6	279	38
Nacogdoches, 5,687—Nacogdoches								
City Memorial Hospital....	Gen	City	30	2	..	4	...	.....
Navasota, 5,128—Grimes								
Brazos Valley Sanitarium...	Gen	Indep	18	4	37	7	556	.....
New Braunfels, 6,242—Comal								
Comal Sanitarium	Gen	Indiv	35	..	..	6	...	.....
New Braunfels Hospital....	Gen	City	14	3	12	9	290	.....
Olney, 4,138—Young								
Hamilton Hospital	Gen	Indiv	20	..	..	8	...	.....
Orange, 7,913—Orange								
Frances Ann Lutcher Hosp.	Gen	Indep	55	5	30	12	350	.....
Paducah, 2,802—Cottle								
W. Q. Richards Mem. Hosp.	Gen	City	30	10	30	12	400	.....
Palestine, 11,445—Anderson								
Missouri Pacific Lines Hosp.	Gen	Indus	75	2	2	25	643	8,581
Palestine Sanitarium	Gen	Indep	12	..	..	5	240	.....
Speegle-DuPuy Hospital and Clinic	Gen	Indep	15	..	..	4	140	.....
Pampa, 10,470—Gray								
Worley Memorial Hospital.	Gen	Indiv	33	7	..	11	481	.....
Paris, 15,649—Lamar								
Lamar County Hospital...	Gen	Co	50	7	35	19	624	.....
St. Joseph's Infirmary.....	Gen	Chrch	50	6	34	8	334	.....
Sanitarium of Paris◇.....	Gen	Indep	62	4	31	36	1,170	.....
Pecos, 3,304—Reeves								
Camp and Camp Hospital..	Gen	Part	20	4	..	5	...	.....
Plainview, 8,834—Hale								
Plainview Sanit. and Clinic◇	Gen	Indiv	45	5	38	21	1,131	1,825
Pt. Arthur, 50,902—Jefferson								
St. Mary's Hospital, Gates Memorial◇	Gen	Chrch	150	18	198	38	1,545	.....
Prairie View, —Waller								
Prairie View Hosp. (col.)◇..	Gen	State	50	6	10	12	480	4,934
Quanah, 4,464—Hardeman								
Quanah Hospital	Gen	Part	34	6	36	11	602	.....
Ranger, 6,208—Eastland								
City-County Hospital	Gen	CyCo	30	3	..	10	300	.....
West Texas Clinic Hosp....	Gen	Indep	20	2	..	6	...	.....
Riogrande, 2,283—Starr								
Station Hospital	Gen	Army	30	1	3	6	218	1,905
Rosenberg, 1,941—Ft. Bend								
Rosenberg Hospital	Gen	Indiv	14	1	17	2	455	.....
Rusk, 3,859—Cherokee								
Rusk State Hospital.....	Ment	State	1,912	..	..	1,825	421	.....
San Angelo, 25,308—Tom Green								
Rush, Schulkey and Wall Clinic-Hospital	Gen	Indep	22	6	132	15	782	.....
St. John's Hospital.....	Gen	Chrch	25	6	42	12	416	.....
Shannon West Texas Memorial Hospital◇	Gen	Indep	75	10	87	27	1,242	.....
San Antonio, 231,542—Bexar								
Baylor Hospital	Gen	Indiv	125	25	59	30	1,560	.....
Grace Lutheran Sanatorium for Tuberculosis	TB	Chrch	50	..	..	23	59	.....
Dr. Kenney's Sanatorium..	Gen	Indiv	88	12	27	35	995	1,014
Medical and Surgical Hospital★◇	Gen	Indep	100	15	208	39	2,516	.....
Dr. Moody's Sanitarium....	N&M	Indep	50	..	..	30	138	.....
Nix Hospital	Gen	Indep	160	24	..	..	...	.....
Robert B. Green Memorial Hospital★	Gen	CyCo	210	27	700	144	4,824	.....
San Antonio State Hosp.✚◇	Ment	State	2,320	..	..	2,378	508	.....
Santa Rosa Hospital★◇....	Gen	Chrch	342	44	406	93	3,931	461
Station Hospital	Gen	Army	650	17	294	596	7,008	10,843
Woodmen of the World War Memorial Hospital	TB	Frat	180	..	..	125	121	.....
Sanatorium, 463—Tom Green								
State Tuberculosis Sanat...	TB	State	718	..	..	693	1,853	.....
San Marcos, 5,134—Hays								
Soldiers' and Sailors' Memorial Hospital	Gen	CyCo	25	2	12	3	210	.....
Santa Anna, 1,883—Coleman								
Sealy Hospital◇	Gen	Indiv	30	3	58	18	910	2,216
Sealy, 1,640—Austin								
Sealy Hospital	Gen	Indiv	11	2	8	3	225	.....
Seguin, 5,225—Guadalupe								
Seguin Hospital	Gen	Indep	22	3	..	8	...	.....
Seymour, 2,626—Baylor								
Baylor County Hospital....	Gen	Co	21	..	..	12	175	.....
Shamrock, 3,780—Wheeler								
Dr. Beach Sanitarium.....	Gen	Indiv	18	4	24	5	121	.....
Shamrock General Hospital	Gen	Indiv	40	4	14	10	265	.....
Sherman, 15,713—Grayson								
St. Vincent's Sanitarium....	Gen	Chrch	55	6	51	25	686	.....
Wilson N. Jones Hosp.◇...	Gen	Indep	60	6	51	25	1,003	.....
Shiner, 1,372—Lavaca								
Dr. Wagner's Hospital.....	Gen	Indiv	18	4	8	7	126	.....
Silsbee, 3,060—Hardin								
Kirby Hospital	Indus	Indep	22	..	..	6	...	.....

TEXAS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Slaton, 3,876—Lubbock								
Mercy Hospital	Gen	Chrch	50	6	..	8	150	.....
Spur, 1,899—Dickens								
Nichols Sanitarium	Gen	Indiv	20	4	11	6	267	.....
Stamford, 4,095—Jones								
Stamford Sanitarium◇	Gen	Indep	40	5	..	20	1,045	1,417
Stephenville, 3,944—Erath								
Stephenville Hospital	Gen	Indiv	20	1	22	10	350	1,800
Sugar Land, 2,019—Ft. Bend								
Laura Eldridge Hospital...	Gen	Indep	30	2	38	5	326	.....
Sweetwater, 10,848—Nolan								
Sweetwater Clinic Hospital.	Gen	Part	16	7	..	7	...	.....
Taylor, 7,463—Williamson								
Doak and Stromberg Clinic and Hospital	Gen	Indiv	25	..	..	..	...	.....
Taylor Sanitarium◇	Gen	Indep	25	3	11	15	430	.....
Teague, 3,509—Freestone								
Davidson Sanitarium	Gen	Indiv	21	3	22	6	368	.....
Temple, 15,345—Bell								
Gulf, Colorado and Santa Fe Hospital★	Indus	Indus	150	..	..	40	1,049	272
Kings Daughters Clinic and Hospital★◇	Gen	Indep	110	8	41	37	2,157	4,980
Scott and White Hosp.★◇..	Gen	Indep	175	8	79	87	2,864	5,144
Woodson Eye, Ear, Nose and Throat Hospital.....	ENT	Part	14	..	..	5	...	.....
Terrell, 8,795—Kaufman								
Alexander-Holton Hosp. ...	Gen	Part	25	2	15	2	400	.....
Terrell State Hospital.....	Ment	State	2,200	..	..	2,129	451	.....
Texarkana, 16,602—Bowie								
Texarkana Hospital◇	Gen	Indep	50	5	59	20	782	.....
Vernon, 9,137—Wilbarger								
King Hospital and Maternity Home	Gen	Indiv	22	4	..	8	...	.....
Moore Brothers' Hospital..	Gen	Part	20	4	..	9	...	.....
Victoria, 7,421—Victoria								
Victoria Hospital	Gen	Indep	20	6	36	9	338	.....
Von Ormy, 213—Bexar								
Von Ormy Cottage Sanit. for Tuberculosis	TB	Indep	38	..	..	21	38	.....
Waco, 52,848—McLennan								
Central Texas Baptist Sanitarium◇	Gen	Chrch	90	10	81	30	1,285	.....
Colgin Hosp. and Clinic....	Gen	Indep	12	2	26	5	299	2,340
Providence Sanitarium★◇ ..	Gen	Chrch	141	9	243	80	3,336	734
Veterans Admin. Facility...	Ment	Vet	316	..	..	240	428	.....
Waxahachie, 8,042—Ellis								
Waxahachie Sanitarium	Gen	Indep	29	4	22	15	537	.....
Wellington, 3,570—Collingsworth								
Wellington Hospital	Gen	Indiv	18	3	10	5	260	.....
Whittenburg, —Hutchinson								
Pantex Hospital of the Phillips Petroleum Co....	Gen	Indus	12	4	30	2	132	756
Wichita Falls, 43,690—Wichita								
Hargrave-Walker Hospital and Clinic	Gen	Indep	30	6	22	5	251	.....
Wichita Falls Clinic-Hosp..	Gen	Part	72	8	93	26	1,582	.....
Wichita Falls State Hosp.✚	Ment	State	2,025	..	..	1,938	685	.....
Wichita General Hosp.◇....	Gen	CyCo	120	12	249	41	1,949	536
Yoakum, 5,656—Lavaca								
Huth Memorial Hospital....	Gen	Chrch	35	6	..	3	375	.....
Yorktown, 1,882—De Witt								
Allen Hospital	Gen	Indiv	11	2	..	9	968	.....
Related Institutions								
Arlington, 3,661—Tarrant								
Knights Templar Hosp.....	Inst	Frat	28	..	..	18	...	.....
Austin, 53,120—Travis								
Austin State School.....	MeDe	State	1,170	..	..	1,105	43	.....
Oaks Sanitarium	N&M	Indep	30	..	..	10	34	.....
Texas Confederate Home Hospital	Inst	State	140	..	..	50	...	.....
Texas Confederate Woman's Home	Inst	State	67	..	..	..	...	.....
Texas School for the Blind.	Inst	State	36	..	..	2	312	.....
Beeville, 4,806—Bee								
Beeville Hospital	Gen	Indiv	26	3	12	10	320	1,240
Thomas Memorial Hospital	Gen	Part	20	3	..	..	377	.....
Bellville, 1,533—Austin								
Bellville Hospital	Gen	Part	8	1	4	2	154	.....
Borger, 6,532—Hutchinson								
Clutter Hospital	Gen	Indiv	8	3	..	..	...	.....
College Station, 40—Brazos								
Agricultural and Mechanical College Hospital	Inst	Indep	80	..	..	7	1,060	.....
Comfort, 713—Kendall								
Hillcrest Sanitarium and Private Hospital	Gen	Indiv	6	..	..	2	...	.....
Crowell, 1,946—Foard								
Foard County Hospital....	Gen	Indep	6	..	..	2	60	.....
Crystal City, 6,609—Zavala								
Crystal Hospital	Gen	Part	5	1	9	2	86	.....
Dallas, 260,475—Dallas								
"The Cedars" Maternity Sanitarium	Mat	Indiv	25	4	45	5	45	.....
Union Hospital	Iso	CyCo	35	..	..	2	20	.....
Virginia K. Johnson Home and School	Mat	Chrch	10	4	17	1	17	.....
Ft. Worth, 163,477—Tarrant								
Elmwood Sanatorium	TB	CyCo	50	..	..	48	61	.....
Howard Sanitarium	Conv	Indiv	13	..	..	3	28	.....
Tarrant County Home for the Aged	Inst	Co	27	..	..	25	...	.....
Gatesville, 2,601—Coryell								
State Juvenile Training Sch.	Inst	State	32	..	..	10	3,744	.....

Key to symbols and abbreviations is on page 1021

TEXAS—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Hallettsville, 1,406—Lavaca								
Hallettsville Hospital	Gen	Indiv	8	1	6	3	40	.....
Huntsville, 5,028—Walker								
Texas State Prison Hosp...	Inst	State	42	..	..	38	2,243	.....
Hutchins, 368—Dallas								
Dallas County Farm	Inst	CyCo	217	..	..	161	...	.....
Iraan, —Pecos								
Iraan Hospital	Gen	Indiv	10	2	11	4	88	.....
Luling, 5,970—Caldwell								
Luling Hospital	Gen	Indiv	16	4	..	3	202	.....
Mason, 1,150—Mason								
Mason Sanitarium	Gen	Part	8	..	..	3	100	.....
Midland, 5,484—Midland								
Mid-West Hospital-Clinic...	Gen	Indiv	10	2	40	2	240	.....
Mt. Vernon, 1,222—Franklin								
Crutcher Hospital	Gen	Indep	10	2	..	3	...	.....
Myra, 417—Cooke								
Mercy Hospital	Gen	Indiv	8	4	..	..	...	.....
Nixon, 1,037—Gonzales								
Crest View Hospital	Gen	Indiv	8	..	8	3	120	.....
Pearsall,2,536—Frio								
J. E. Beall's Day Hosp.	Gen	Indiv	10	2	17	3	108	.....
Pecos, 3,304—Reeves								
Pecos Sanitarium	Gen	Indiv	7	3	27	2	194	.....
Poteet, 1,231—Atascosa								
Community Hospital	Gen	Indiv	7	1	..	1	56	.....
San Antonio, 231,542—Bexar								
Dr. Farmer's Sanatorium...	TB	Indiv	20	..	..	5	25	.....
Lee Surgical Hospital	Gen	Indep	27	6	50	5	300	.....
Medical Arts Hospital	Gen	Indep	34	3	45	3	1,345	.....
Physicians and Surgeons Hospital◇	Gen	Indep	75	12	138	22	1,421	.....
Salvation Army Women's Home and Hospital	Mat	Chrch	10	15	66	3	140	.....
Station Hospital	Gen	Army	14	..	..	10	521	2,423
Southton, 89—Bexar								
Bexar County Home for the Aged, and Bexar County Tuberculosis Colony	InstTB	Co	70	..	..	68	138	.....
Strawn, 1,429—Palo Pinto								
Strawn Hospital	Gen	Part	12	2	16	8	53	.....
Taylor, 7,463—Williamson								
Dr. Floeckinger's Sanit.	Gen	Indiv	6	2	..	1	...	.....
Tulia, 2,202—Swisher								
Swisher County Hospital...	Gen	Co	12	10	..	4	160	.....
Victoria, 7,421—Victoria								
De Tar Hospital	Gen	Indiv	16	4	..	8	...	.....
Wichita Falls, 43,690—Wichita								
Dr. White's Sanitarium	N&M	Indep	20	..	..	8	85	.....
Winters, 2,423—Runnels								
Winters Sanitarium	Gen	Part	8	..	3	2	78	.....

Summary for Texas:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	258	26,504	19,533	221,031
Related institutions	38	2,162	1,600	10,281
Totals	296	28,666	21,133	231,312
Refused registration	25	600		

UTAH

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Bingham Canyon, 3,248—Salt Lake								
Bingham Canyon Hospital.	Gen	Indep	40	6	14	13	269	.....
Brigham, 5,093—Box Elder								
Cooley Hospital	Gen	Indiv	13	5	30	4	167	.....
Cedar City, 3,615—Iron								
Iron County Hospital	Gen	Co	25	9	119	10	523	125
Ft. Douglas, —Salt Lake								
Station Hospital	Gen	Army	30	..	..	19	550	2,349
Ft. Duchesne, 100—Uintah								
Uintah and Ouray Agency Indian Hospital	Gen	I A	18	2	24	13	271	1,667
Heber, 2,477—Wasatch								
Heber Hospital	Gen	Part	14	3	18	3	75	.....
Lehi, 2,826—Utah								
Lehi Hospital	Gen	Indiv	12	..	..	3	97	.....
Logan, 9,979—Cache								
Cache Valley Gen. Hosp.	Gen	Indep	30	7	89	9	391	.....
William Budge Mem. Hosp.◇	Gen	Indep	67	12	364	36	2,103	886
Milford, 1,517—Beaver								
Milford Hospital	Gen	Indiv	12	5	50	10	450	.....
Moab, 853—Grand								
Grand County Public Hosp.	Gen	Co	16	4	35	7	174	.....
Ogden, 40,272—Weber								
Thos D. Dee Mem. Hosp.*◇	Gen	Chrch	155	30	954	107	3,755	2,000
Park City, 4,281—Summit								
Park City Miners' Hosp.	Gen	Indus	50	10	16	17	209	300
Price, 4,084—Carbon								
Price City Hospital	Gen	City	25	..	..	21	436	.....
Provo, 14,766—Utah								
Aird Hospital	Gen	Indiv	20	..	..	4	213	.....
Utah State Hospital	Ment	State	1,024	..	..	981	210	.....
St. George, 2,434—Washington								
Washington County Hosp.	Gen	Indep	17	4	39	10	249	.....
Salina, 1,383—Sevier								
Salina Hospital	Gen	Indiv	17	3	22	4	208	.....
Salt Lake City, 140,267—Salt Lake								
Dr. W. H. Groves Latter-Day Saints Hospital*+◇	Gen	Chrch	406	60	1,076	207	5,877	560
Holy Cross Hospital*◇	Gen	Chrch	225	45	585	93	2,563	.....

UTAH—Cintinued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Latter-Day Saints Children's Hospital	Chil	Chrch	40	..	..	28	94	.....
St. Mark's Hospital*◇	Gen	Chrch	138	12	126	77	1,826	.....
Salt Lake General Hosp*◇	Gen	Co	199	23	566	174	2,670	.....
Shriners Hospital for Crippled Children	Orth	Frat	20	..	..	20	75	1,311
Veterans Admin. Facility..	Gen	Vet	103	..	..	79	787	1,141
Vernal, 1,744—Unitah								
Vernal Hospital	Gen	Indiv	11	..	..	3	...	.....
Related Institutions								
American Fork, 3,047—Utah								
Utah State Training School	MeDe	State	213	..	..	202	57	.....
Brigham, 5,093—Box Elder								
Pearse Private Hospital	Gen	Indiv	10	2	..	3	...	.....
Fillmore, 1,374—Millard								
Fillmore Hospital	Gen	Indiv	6	..	2	1	20	.....
Hiawatha, 939—Carbon								
U. S. Fuel Company Hosp.	Gen	Indus	9	1	15	1	50	.....
Murray, 5,172—Salt Lake								
Cottonwood Stake Maternity Hospital	Mat	Chrch	20	15	211	10	211	.....
Murray Clinic Hospital	Gen	Indiv	10	2	..	2	...	.....
Ogden, 40,272—Weber								
Utah School for the Deaf and Blind	Inst	State	18	..	..	..	120	.....
Richfield, 3,067—Sevier								
Richfield General Hospital.	Gen	Indiv	6	..	..	4	42	.....
Salt Lake City, 140,267—Salt Lake								
Mountain View Sanitarium	N&M	Indiv	10	..	..	2	24	.....
Spanish Fork, 3,727—Utah								
Hughes Memorial Hospital.	Gen	Indiv	8	3	..	2	220	.....

Summary for Utah:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	25	2,696	1,920	24,167
Related institutions	10	312	230	720
Totals	35	3,008	2,150	24,887
Refused registration	0			

VERMONT

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Barre, 11,307—Washington								
Barre City Hospital◇	Gen	Indep	50	12	178	30	1,160	147
Washington County Sanat.	TB	State	47	..	..	41	60	.....
Bellows Falls, 3,930—Windham								
Rockingham General Hosp.◇	Gen	Indep	36	7	79	19	580	83
Bennington, 7,390—Bennington								
Henry W. Putnam Memorial Hospital	Gen	Indep	86	20	203	40	1,206	.....
Brattleboro, 8,709—Windham								
Brattleboro Memorial Hospital◇	Gen	Indep	55	5	36	25	747	.....
Brattleboro Retreat	Ment	Indep	625	..	..	652	255	625
Burlington, 24,789—Chittenden								
Bishop De Goesbriand Hospital*◇	Gen	Chrch	122	10	210	78	2,592	.....
Green Mountain Sanat.	Gen	Indiv	10	..	..	8	160	.....
Lakeview Sanatorium	N&M	Indep	25	..	..	..	...	.....
Mary Fletcher Hospital*◇	Gen	Indep	135	15	311	92	4,436	1,750
Ft. Ethan Allen, 106—Chittenden								
Station Hospital	Gen	Army	62	..	..	..	914	.....
Hardwick, 1,667—Caledonia								
Hardwick Hospital	Gen	Indep	12	6	39	7	207	.....
Middlebury, 2,003—Addison								
Porter Memorial Hospital.	Gen	Indep	45	10	49	11	361	197
Montpelier, 7,837—Washington								
Heaton Hospital◇	Gen	Indep	70	8	167	49	1,476	.....
Morrisville, 1,822—Lamoille								
Copley Hospital	Gen	Indep	21	6	28	12	277	.....
Newport, 5,094—Orleans								
Orleans County Memorial Hospital◇	Gen	Indep	26	6	54	10	365	24
Pittsford, 637—Rutland								
Vermont Sanatorium	TB	State	75	..	..	63	70	.....
Proctor, 2,515—Rutland								
Proctor Hospital	Gen	Indus	33	7	38	10	349	388
Randolph, 1,957—Orange								
Gifford Memorial Hospital◇	Gen	Indep	50	10	58	24	691	.....
Rutland, 17,351—Rutland								
Brightview Private Hosp.	Gen	Indiv	12	7	52	3	83	.....
Rutland Hospital◇	Gen	Indep	110	16	188	62	2,037	1,221
St. Albans, 8,020—Franklin								
St. Albans Hospital◇	Gen	Indep	45	5	93	35	1,140	.....
Sherwood Sanitarium	Gen	Indiv	10	..	15	5	75	.....
St. Johnsbury, 7,920—Caledonia								
Brightlook Hospital◇	Gen	Indep	55	10	80	32	822	54
St. Johnsbury Hospital	Gen	Chrch	30	..	..	7	183	.....
Springfield, 4,943—Windsor								
Springfield Hospital	Gen	Indep	30	6	83	14	388	204
Waterbury, 1,776—Washington								
Vermont State Hospital for the Insane	Ment	State	1,000	..	..	968	318	.....
Winooski, 5,308—Chittenden								
Fanny Allen Hospital◇	Gen	Chrch	75	18	115	60	1,015	.....
Related Institutions								
Bennington, 7,390—Bennington								
Vermont Soldiers' Home Hospital	Inst	State	32	..	..	2	25	.....
Brandon, 2,891—Rutland								
Brandon State School	MeDe	State	300	..	..	279	22	.....

Key to symbols and abbreviations is on page 1021

VERMONT—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Pittsford, 637—Rutland								
Caverly Preventorium	TB	Indep	47	..	..	44	79	.....
Windsor, 3,689—Windsor								
Vermont State Prison Hosp.	Inst	State	8	..	..	1	34	.....

Summary for Vermont:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	28	2,949	2,357	21,967
Related institutions	4	387	326	160
Totals	32	3,336	2,683	22,127
Refused registration	0			

VIRGINIA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Abingdon, 2,877—Washington								
George Ben Johnston Memorial Hospital◇	Gen	Indep	60	5	17	26	798	577
Alexandria, 24,149—Arlington								
Alexandria Hospital	Gen	Indep	60	12	..	49	2,149	3,567
Appalachia, 3,595—Wise								
Appalachia Masonic Hosp.	Gen	Frat	12	2	16	3	72	.....
Bristol, 8,840—Washington								
King's Mountain Memorial Hospital	Gen	Indep	50	8	116	15	753	.....
St. Ann's Hospital	Gen	Indiv	15	3	..	8	...	.....
Brook Hill, 18—Henrico								
Pine Camp Hospital	TB	City	214	..	..	156	139	49
Burkeville, 755—Nottoway								
Piedmont Sanatorium (col.)◇	TB	State	150	..	..	139	227	.....
Catawba Sanatorium, 55—Roanoke								
Catawba Sanatorium◇	TB	State	350	..	..	306	359	.....
Charlottesville, 15,245—Albemarle								
Blue Ridge Sanatorium◇	TB	State	270	..	..	257	327	.....
Martha Jefferson Hospital and Sanitarium	Gen	Indep	50	10	170	30	1,557	.....
Christiansburg, 1,970—Montgomery								
New Altamont Hospital	Gen	Indep	25	6	35	9	495	1,500
Clifton Forge, 6,839—Allegheny								
Chesapeake and Ohio Railway Hospital	Gen	Indus	100	5	59	58	2,048	.....
Clintwood, 729—Dickenson								
Dickenson County Hospital	Gen	Indiv	20	6	20	15	250	1,700
Coeburn, 784—Wise								
Coeburn Hospital	Gen	Indep	30	..	..	7	236	.....
Dante, 811—Russell								
Clinchfield Hospital	Gen	Indus	25	4	8	14	429	.....
Danville, 22,247—Pittsylvania								
Hilltop Sanatorium	TB	Indep	60	..	..	75	110	52
Memorial Hospital◇	Gen	Indep	100	10	228	40	2,223	429
Farmville, 3,133—Prince Edward								
Southside Community Hosp.	Gen	Indep	50	10	51	17	782	728
Floyd, 450—Floyd								
De Hart Clinic and Hosp.	Gen	Indiv	10	2	6	4	180	.....
Ft. Humphreys,—Fairfax								
Station Hospital	Gen	Army	35	..	..	10	363	1,836
Ft. Monroe, 1,265—Elizabeth City								
Station Hospital	Gen	Army	115	6	105	43	1,499	4,129
Ft. Myer, 1,050—Arlington								
Station Hospital	Gen	Army	50	..	..	3	944	3,217
Franklin, 2,930—Southampton								
Raiford Hospital	Gen	Indiv	22	2	20	8	300	.....
Fredericksburg, 6,819—Spotsylvania								
Mary Washington Hospital	Gen	Indep	75	10	145	47	1,756	.....
Galax, 2,544—Grayson								
Galax Hosp. and Clinic	Gen	Indep	22	3	11	9	293	.....
Hampton, 6,382—Elizabeth City								
Dixie Hospital◇	Gen	Indep	70	8	90	23	807	214
Harrisonburg, 7,232—Rockingham								
Rockingham Memorial Hospital◇	Gen	Indep	100	7	..	79	3,375	.....
Hopewell, 11,327—Prince George								
Community Hospital	Gen	Indep	28	2	13	6	526	.....
Hot Springs, 1,010—Bath								
Community House	Gen	Indep	13	4	21	4	110	.....
Hurley, 220—Buchanan								
Knox Creek Hospital	Gen	Indep	20	..	..	10	...	.....
Langley Field,—Elizabeth City								
Station Hospital	Gen	Army	50	..	..	28	1,220	8,839
Leesburg, 1,640—Loudoun								
Loudoun County Hospital	Gen	Indep	28	7	48	16	520	.....
Lexington, 3,752—Rockbridge								
Stonewall Jackson Memorial Hospital	Gen	Indep	42	8	38	21	980	.....
Luray, 1,459—Page								
Page Memorial Hospital	Gen	Indep	12	3	15	4	135	.....
Lynchburg, 40,661—Campbell								
Guggenheimer Memorial Hospital (Children's Department of Marshall Lodge Memorial Hospital)								
Lynchburg General Hosp.◇	Gen	City	102	10	147	66	2,104	611
Marshall Lodge Memorial Hospital	Gen	Frat	135	8	136	55	1,526	.....
Virginia Baptist Hosp.◇	Gen	Chrch	102	16	156	28	845	.....
Marion, 4,156—Smyth								
Southwestern State Hosp.	Ment	State	1,250	..	..	1,084	303	.....
Martinsville, 7,705—Henry								
Shackelford Hospital	Gen	Indiv	52	4	30	22	575	.....
Nassawadox, 475—Northampton								
Northampton-Accomac Memorial Hospital	Gen	Co	45	5	47	20	671	516
Newport News, 34,417—Warwick								
Elizabeth Buxton Hospital◇	Gen	Indiv	100	10	66	35	1,300	.....
Riverside Hospital◇	Gen	Indep	76	9	185	36	1,230	.....

VIRGINIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Whittaker Memorial Hospital (col.)	Gen	Indep	46	4	15	8	320	.....
Norfolk, 129,710—Norfolk								
Charles R. Grandy Sanat.	TB	City	80	..	..	94	137	.....
Henry A. Wise Hospital for Contagious Diseases	Iso	City	17	..	..	3	83	.....
Hospital of St. Vincent de Paul★◇	Gen	Chrch	228	22	300	115	3,463	9,521
Norfolk Memorial Hosp.◇	Gen	Indep	50	8	188	22	1,166	.....
Norfolk Protestant Hosp.★◇	Gen	Chrch	175	25	444	88	3,371	1,912
Sarah Leigh Hospital◇	Gen	Indep	70	10	108	38	1,100	.....
U. S. Marine Hospital	Gen	USPH	251	..	..	217	2,039	1,949
Norton, 3,077—Wise								
Norton Hospital	Gen	Indep	40	4	..	11	521	.....
Pearisburg, 668—Giles								
St. Elizabeth's Gen. Hosp.	Gen	Indep	20	..	..	8	357	.....
Pennington Gap, 1,553—Lee								
Lee General Hospital	Gen	Indep	30	2	15	17	706	.....
Petersburg, 28,564—Dinwiddie								
Central State Hospital (col.)	Ment	State	2,540	..	..	2,833	541	1,530
Medical Center Hospital	(Included in Central State Hospital)							
Petersburg Hospital◇	Gen	Indep	86	7	75	35	1,362	.....
Portsmouth, 45,704—Norfolk								
Kings Daughters Hospital◇	Gen	Chrch	72	8	167	48	1,554	2,132
Norfolk Naval Hospital	Gen	Navy	927	..	..	698	6,398	4,500
Parrish Memorial Hosp.◇	Gen	Indep	40	10	130	21	1,085	.....
Pulaski, 7,168—Pulaski								
Pulaski Hospital	Gen	Indep	30	5	50	18	600	375
Radford, 6,227—Montgomery								
St. Albans Sanatorium	N&M	Indiv	35	..	..	26	214	.....
Richlands, 1,355—Tazewell								
Mattie Williams Hospital	Gen	Indiv	30	3	..	13	394	.....
Richmond, 182,929—Henrico								
Crippled Children's Hosp.	(Included in Med. Coll. of Va., Hosp. Div.)							
Dooley Hospital	(Included in Med. Coll. of Va., Hosp. Div.)							
Grace Hospital	Gen	Indep	97	8	130	39	2,042	.....
Johnston-Willis Hospital★◇	Gen	Indep	111	15	348	62	2,699	960
Medical College of Virginia Hospital Division★★◇	Gen	Indep	424	32	451	293	8,265	25,000
Memorial Hospital	(Included in Med. Coll. of Va., Hosp. Div.)							
Retreat for the Sick◇	Gen	Indep	90	10	170	37	1,521	.....
St. Elizabeth's Hospital◇	Gen	Indep	56	..	..	33	1,085	1,440
St. Luke's Hospital◇	Gen	Indep	80	8	..	45	1,617	.....
St. Philip Hospital (col.)	(Included in Med. Coll. of Va., Hosp. Div.)							
Sheltering Arms Hospital◇	Gen	Indep	85	5	133	63	1,301	.....
Stuart Circle Hospital★◇	Gen	Indep	90	18	251	49	3,043	672
Tucker Sanatorium	Nerv	Indep	52	..	..	18	399	.....
Westbrook Sanatorium	N&M	Indep	150	..	..	84	289	.....
Roanoke, 69,206—Roanoke								
Burrell Memorial Hospital (col.)	Gen	Indep	44	3	27	14	502	404
Gill Memorial Eye, Ear and Throat Hospital	ENT	Indep	25	..	..	4	433	7,065
Jefferson Hospital★★◇	Gen	Indiv	100	10	234	53	1,616	622
Lewis-Gale Hospital◇	Gen	Indep	68	6	65	46	1,763	2,161
Roanoke Hospital◇	Gen	Indep	95	15	180	48	1,472	2,534
Shenandoah Hospital	Gen	Indep	50	10	95	21	1,350	.....
Salem, 4,833—Roanoke								
Mount Regis Sanatorium	TB	Indep	45	..	..	36	43	.....
Saltville, 2,964—Smyth								
Mathieson Hospital	Gen	Indus	12	2	14	4	175	3,320
South Boston, 4,841—Halifax								
Halcyon Hospital	Gen	Part	35	6	16	6	261	.....
South Boston Hospital	Gen	Indiv	38	4	16	17	536	.....
Staunton, 11,990—Augusta								
Kings Daughters Hospital	Gen	Indep	76	10	75	27	1,051	.....
Suffolk, 10,271—Nansemond								
Lakeview Hospital	Gen	Indep	50	4	40	20	748	.....
Virginia General Hospital	Gen	Indep	25	5	25	6	421	.....
University, 1,125—Albemarle								
University of Virginia Hospital★★◇	Gen	State	296	25	563	181	6,159	5,252
Veterans Administration Home, 3,875—Elizabeth City								
Veterans Admin. Facility	Gen	Vet	810	..	..	734	8,903	3,112
Warrenton, 1,450—Fauquier								
Fauquier County Hospital	Gen	Indep	30	4	90	15	709	.....
Williamsburg, 3,778—James City								
Eastern State Hospital	Ment	State	1,400	..	..	1,350	387	.....
Winchester, 10,855—Frederick								
Winchester Memorial Hosp.	Gen	Indep	112	12	137	48	1,572	.....

Related Institutions

Clifton Station, 181—Fairfax								
Ivakota Farms of the National Florence Crittenton Mission	Mat	Indep	60	12	..	18	36	.....
Clover, 251—Halifax								
Little Retreat Hospital	Gen	Indiv	6	3	18	1	42	.....
Colony, 50—Amherst								
State Colony for Epileptics and Feebleminded	MeDe	State	950	..	5	950	121	.....
Danville, 22,247—Pittsylvania								
Providence Hospital (col.)	Gen	Indep	60	1	15	2	444	.....
Falls Church, 2,019—Fairfax								
Gundry Home and Training School for Feebleminded	MeDe	Indiv	100	..	..	72	8	.....
Front Royal, 2,424—Warren								
Station Hospital	Gen	Army	8	..	..	5	73	1,739
Lawrenceville, 1,629—Brunswick								
Loulie Taylor Letcher Memorial Hospital (col.)	Inst	Indep	30	..	..	4	125	.....
Lexington, 3,752—Rockbridge								
Virginia Military Institute Hospital	Inst	State	20	..	..	8	...	.....

Key to symbols and abbreviations is on page 1021

VIRGINIA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Maidens, 22—Goochland								
Virginia Industrial School for Boys	Inst	State	20	..	..	2	571	.....
Norfolk, 129,710—Norfolk								
Children's Clinic of the Kings Daughters	Chil	Indep	26	..	..	16	1,247	3,166
Florence Crittenton Home.	Mat	Indep	30	30	16	22	48	.....
Richmond, 182,929—Henrico								
City Home	Inst	City	500	18	87	149	466	.....
City Tuberculosis Sanat...	(Included in City Home)							
Convalescent Home Hosp..	Conv	Indiv	45	2	6	23	148	.....
Lee Camp Soldiers' Home Hospital	Inst	State	35	..	..	30	55	.....
Penitentiary Hospital	Inst	State	45	..	..	28	462	.....
State Farm, 83—Goochland								
State Farm Hospital	Inst	State	100	..	..	32	...	.....
Staunton, 11,990—Augusta								
Western State Hospital	Ment	State	1,950	..	..	1,900	...	.....
Stonega, 251—Wise								
Stonega Hospital	Indus	Indus	18	..	..	4	93	1,054
Sweet Briar, 114—Amherst								
Sweet Briar College Infirmary	Inst	Indep	20	..	..	6	224	.....
Toms Creek, 781—Wise								
Toms Creek Hospital	Gen	Indus	15	..	1	4	75	2,000

Summary for Virginia:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	90	12,365	9,778	101,545
Related institutions	21	4,844	4,009	17,845
Totals	111	17,209	13,787	119,390
Refused registration	3	57		

WASHINGTON

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Aberdeen, 21,723—Grays Harbor								
Aberdeen General Hospital.	Gen	Indep	93	..	126	65	1,495	2,162
St. Joseph's Hospital◇	Gen	Chrch	63	12	181	46	1,039	52
American Lake,—Pierce								
Veterans Admin. Facility	Ment	Vet	676	..	..	644	256	.....
Anacortes, 6,564—Skagit								
Anacortes Hospital	Gen	Indiv	25	4	24	4	423	.....
Auburn, 3,906—King								
Owen Taylor Hospital	Gen	Indep	40	6	42	6	298	.....
Bellingham, 30,823—Whatcom								
St. Frances Hospital	Gen	Indiv	17	4	36	3	100	.....
St. Joseph's Hospital◇	Gen	Chrch	100	12	190	37	1,101	.....
St. Luke's General Hosp.	Gen	Indep	61	8	118	33	1,191	.....
Bremerton, 10,170—Kitsap								
Olympic Hospital	Gen	Indep	40	12	173	18	837	.....
U. S. Naval Hospital	Gen	Navy	311	..	..	292	3,184	3,834
Burlington, 1,407—Skagit								
Burlington General Hospital	Gen	Indiv	30	7	80	5	275	.....
Centralia, 8,058—Lewis								
St. Luke's Hospital	Gen	Indep	44	6	43	10	343	2,500
Chehalis, 4,907—Lewis								
St. Helen's Hospital	Gen	Chrch	35	6	70	9	435	.....
Chewelah, 1,315—Stevens								
St. Joseph's Hospital	Gen	Chrch	19	4	23	6	180	.....
Cle Elum, 2,508—Kittitas								
Roslyn Cle Elum Beneficial Company Hospital	Gen	Indus	20	1	3	10	366	1,800
Colfax, 2,782—Whitman								
St. Ignatius Hospital◇	Gen	Chrch	62	9	..	30	...	.....
Colville, 1,803—Stevens								
Mt. Carmel Hospital	Gen	Part	33	3	20	10	256	.....
Ellensburg, 4,621—Kittitas								
Ellensburg General Hosp.	Gen	Indep	27	10	103	11	481	.....
Elma, 1,545—Grays Harbor								
Conway Hospital	Gen	Indiv	14	4	34	6	143	.....
Oakhurst Sanatorium	TB	Co	65	..	..	64	103	397
Everett, 30,567—Snohomish								
General Hospital◇	Gen	Indep	84	16	246	42	1,543	.....
Providence Hospital◇	Gen	Chrch	101	16	133	33	1,202	.....
Ft. Lewis, 6,050—Pierce								
Station Hospital	Gen	Army	150	4	61	60	1,218	3,615
Ft. Steilacoom,—Pierce								
Western State Hospital	Ment	State	2,081	..	..	1,936	609	.....
Ft. Worden (Port Townsend P.O.), 14—Jefferson								
Station Hospital	Gen	Army	25	..	..	6	259	601
Ione, 594—Pend Oreille								
Ione Hospital	Gen	Indiv	11	3	7	3	88	.....
Kirkland, 1,714—King								
Kirkland Hospital	Gen	Indiv	12	4	22	3	141	.....
Lakeview, 352—Pierce								
Mountain View Sanatorium	TB	Co	145	..	..	145	...	356
Leavenworth, 1,415—Chelan								
Cascade Sanitarium	Gen	Indep	35	6	68	16	1,260	1,680
Longview, 10,652—Cowlitz								
Longview General Hospital	Gen	Indep	20	7	100	10	500	.....
Longview Memorial Hosp.	Gen	Indep	80	16	111	27	1,346	.....
Medical Lake, 1,671—Spokane								
Eastern State Hospital	Ment	State	1,566	..	..	1,439	306	.....
Monroe, 1,570—Snohomish								
Monroe General Hospital	Gen	Indiv	16	5	30	6	250	.....
Mt. Vernon, 3,690—Skagit								
Mt. Vernon General Hosp.	Gen	Indiv	30	6	37	12	444	.....
Newport, 1,080—Pend Oreille								
Newport Hospital	Gen	Indep	20	2	19	2	206	.....
Olympia, 11,733—Thurston								
St. Peter's Hospital◇	Gen	Chrch	100	15	122	26	1,077	.....
Omak, 2,547—Okanogan								
Mills Hospital	Gen	Indiv	10	6	..	3	...	.....
Oroville, 800—Okanogan								
Oroville General Hospital	Gen	City	15	6	..	New	...	.....
Pasco, 3,496—Franklin								
Our Lady of Lourdes Hospital◇	Gen	Chrch	50	11	89	21	699	.....
Port Angeles, 10,188—Clallam								
Port Angeles Hospital◇	Gen	Indep	80	8	65	34	1,876	1,022
Port Townsend, 3,979—Jefferson								
St. John's Hospital	Gen	Chrch	95	9	88	38	578	.....
Puyallup, 7,094—Pierce								
Puget Sound Sanatorium	N&M	Indep	32	..	..	21	113	.....
Raymond, 3,828—Pacific								
Riverview Hospital	Gen	Indep	23	4	20	9	328	.....
Renton, 4,062—King								
Renton Hospital	Gen	Indiv	28	6	55	5	188	.....
Richmond Highlands, 34—King								
Firland Sanatorium	TbIs	City	250	..	..	235	401	.....
Seattle, 365,583—King								
Ballard Accident and General Hospital	Gen	Indep	30	12	55	12	520	.....
Children's Orthopedic Hospital✚⊙	Orth	Indep	135	..	..	109	1,288	2,939
Columbus Hospital★◇	Gen	Chrch	200	36	395	74	2,410	.....
King County Hospital No. 1 (Harborview)★◇	Gen	CyCo	394	51	942	356	9,136	14,301
Laurel Beach Sanatorium	TB	Part	50	..	..	35	80	.....
Maynard Hospital	Gen	Indep	60	18	235	37	1,139	.....
Meadows Sanatorium	N&M	Indiv	40	..	..	17	121	.....
Morningside Sanitarium	TB	Co	150	..	..	146	196	.....
Providence Hospital★◇	Gen	Chrch	355	57	710	148	5,394	.....
Riverton Sanatorium	TB	Indep	60	..	..	44	80	.....
St. Luke's Hospital	Gen	Indep	46	15	165	47	961	.....
Seattle City Hospital	Gen	City	40	..	..	21	1,646	.....
Seattle General Hospital★◇	Gen	Chrch	100	20	269	47	1,739	.....
Station Hospital	Gen	Army	30	..	..	8	414	1,226
Swedish Hospital★◇	Gen	Indep	195	65	664	107	3,473	.....
U. S. Marine Hospital	Gen	USPH	300	..	..	187	1,153	2,798
Virginia Mason Hospital★◇	Gen	Indep	150	30	332	70	2,576	.....
Sedro Woolley, 2,719—Skagit								
Memorial Hospital	Gen	Indep	26	7	20	6	220	50
Northern State Hospital	Ment	State	1,616	..	..	1,516	321	.....
Sequim, 534—Clallam								
Sequim Prairie Hospital	Gen	Indiv	12	5	..	2	...	.....
Shelton, 3,091—Mason								
Shelton General Hospital	Gen	Part	34	5	48	12	417	942
Snohomish, 2,688—Snohomish								
Aldercrest Sanatorium	TB	Co	40	..	..	38	32	.....
Snohomish General Hospital	Gen	Indiv	16	4	33	6	190	.....
South Bend, 1,798—Pacific								
South Bend General Hosp.	Gen	Indiv	35	6	20	8	300	150
Spokane, 115,514—Spokane								
Deaconess Hospital★◇	Gen	Chrch	227	30	509	92	3,699	.....
Edgecliff Sanatorium	TB	Co	160	..	..	108	105	.....
Sacred Heart Hospital★◇	Gen	Chrch	300	40	657	185	5,185	.....
St. Luke's Hospital★◇	Gen	Indep	168	24	195	89	2,275	.....
Shriners Hospital for Crippled Children	Orth	Frat	9	..	..	20	106	336
Station Hospital	Gen	Army	30	..	..	11	580	.....
Sumas, 647—Whatcom								
Merrilyn Cottage Hospital	Gen	Indiv	10	3	18	3	115	.....
Sumas General Hospital	Gen	Indiv	12	2	6	2	57	.....
Tacoma, 106,817—Pierce								
Northern Pacific Beneficial Association Hospital★	Gen	Indep	111	5	18	51	1,910	3,536
Pierce County Hospital	Gen	Co	197	21	417	204	3,324	12,049
St. Joseph's Hospital★◇	Gen	Chrch	300	50	517	96	3,263	288
Tacoma General Hospital★◇	Gen	Indep	170	36	458	90	2,799	571
Tacoma Hospital	G&TB	I A	283	..	..	263	720	720
Tonasket, 513—Okanogan								
Tonasket Hospital	Gen	Part	10	4	10	4	116	.....
Toppenish, 2,774—Yakima								
Yakima Sanitarium	TB	I A	40	..	..	38	137	819
Vancouver, 15,766—Clark								
Clark County Hospital	Gen	Co	29	8	..	19	172	.....
Clark General Hospital	Gen	Indep	40	12	107	19	807	.....
St. Joseph's Hospital◇	Gen	Chrch	125	14	86	51	1,000	364
Station Hospital	Gen	Army	65	3	15	32	750	5,052
Walla Walla, 15,976—Walla Walla								
St. Mary's Hospital◇	Gen	Chrch	75	12	..	49	2,100	.....
Veterans Admin. Facility	G&TB	Vet	403	..	..	233	855	.....
Walla Walla Sanitarium and Hospital	Gen	Chrch	50	9	63	33	628	.....
Wenatchee, 11,627—Chelan								
Central Washington Deaconess Hospital◇	Gen	Chrch	47	10	170	29	1,032	368
St. Anthony's Hospital◇	Gen	Chrch	75	22	224	20	868	.....
Yakima, 22,101—Yakima								
St. Elizabeth's Hosp.◇	Gen	Chrch	193	30	543	80	2,949	.....

Related Institutions

Chehalis, 4,907—Lewis								
State Training School for Boys	Inst	State	25	..	..	5	1,825	.....
Friday Harbor, 601—San Juan								
Friday Harbor Hospital	Gen	Indiv	5	2	5	3	19	.....
Lakeview, 352—Pierce								
Sunnycroft Sanatorium	N&M	Indiv	10	..	..	4	16	.....
Medical Lake, 1,671—Spokane								
State Custodial School	MeDe	State	1,417	9	..	1,399	191	.....
Monroe, 1,570—Snohomish								
Snohomish County Hospital and Farm	Inst	Co	31	6	23	27	207	.....

Key to symbols and abbreviations is on page 1021

WASHINGTON—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Mount Vernon, 3,690—Skagit								
Rowley Hospital	Gen	Indiv	15	6	52	5	78	.....
Republic, 710—Ferry								
Republic Hospital	Gen	Indiv	8	2	22	4	76	.....
Retsil, 659—Kitsap								
Washington Veterans' Home and Hospital	Inst	State	120	..	..	85	292	.....
Ritzville, 1,777—Adams								
Ritzville General Hospital	Gen	Indiv	12	6	16	5	70	.....
Seattle, 365,583—King								
Florence Crittenton Home	Mat	Indep	30	15	65	24	78	.....
Freedlander's Sanitarium	Conv	Indiv	12	..	..	6	175	.....
King County Hospital No. 2	Inst	Co	275	..	..	259	674	.....
Mason Sanitarium	Inc	Indep	17	..	..	10	...	.....
Mt. Baker Dietetic Boarding Home	Conv	Indiv	10	..	..	4	...	.....
Rest-Haven Sanitarium	Conv	Indiv	11	..	..	4	...	.....
University of Washington Health Service Infirmary	Inst	State	43	..	..	3	704	.....
Spangle, 218—Spokane								
Spokane County Hospital	Inst	Co	100	..	..	90	856	.....
Spokane, 115,514—Spokane								
Florence Crittenton Home	Mat	Indep	18	24	45	14	50	.....
Rivercrest Hospital	Iso	City	100	..	..	9	76	.....
Salvation Army Women's Hospital and Home	Mat	Chrch	49	28	115	30	176	.....
Sprague, 639—Lincoln								
Sprague Hospital	Gen	Indiv	10	6	20	2	50	.....
Steilacoom, 722—Pierce								
U. S. Penitentiary Hospital	Inst	Fed	72	..	..	60	835	.....
Tacoma, 106,817—Pierce								
Bellevue Sanatorium	TB	Indiv	12	..	..	8	30	.....
City Contagious Hospital	Iso	City	30	..	..	7	110	.....
White Shield Home	Mat	Indep	20	10	45	14	64	.....
Tulalip, 620—Snohomish								
Tulalip Indian School Hosp.	Gen	I A	14	4	21	12	393	.....
Walla Walla, 15,976—Walla Walla								
Washington State Penitentiary Hospital	Inst	State	35	..	..	15	...	.....
Yakima, 22,101—Yakima								
Yakima Nursing Home and Hospital	Gen	Indiv	12	10	106	5	182	.....

Summary for Washington:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	94	13,699	10,308	97,621
Related institutions	29	2,524	2,127	8,412
Totals	123	16,223	12,435	106,033
Refused registration	18	411		

WEST VIRGINIA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Beckley, 9,357—Raleigh								
Beckley Hospital	Gen	Part	175	12	52	63	4,407	.....
Raleigh General Hospital◇	Gen	Indep	55	4	19	26	933	684
Rutherford State Sanit	TB	State	120	..	..	125	165	.....
Bluefield, 19,339—Mercer								
Bluefield Sanitarium	Gen	Indep	100	6	63	46	2,090	5,200
Brown's Hospital (col.)◇	Gen	Indiv	40	3	50	20	...	.....
Providence Hospital (col.)	Gen	Indiv	25	3	4	4	200	100
St. Luke's Hospital◇	Gen	Indep	75	8	43	18	903	.....
Buckhannon, 4,374—Upshur								
St. Joseph's Hospital	Gen	Chrch	30	6	24	16	527	.....
Charleston, 60,408—Kanawha								
Charleston Gen. Hosp.★+◇	Gen	Indep	150	15	109	82	2,798	3,468
Hill Crest Sanatorium	TB	Indep	42	..	..	38	28	.....
Kanawha Valley Hospital◇	Gen	Indep	90	12	..	50	1,700	.....
McMillan Hospital◇	Gen	Indep	90	10	..	32	...	1,875
Mountain State Hospital	Gen	Indep	110	12	81	33	3,833	1,829
St. Francis Hospital◇	Gen	Chrch	80	10	164	38	2,195	.....
Salvation Army Hospital	Gen	Chrch	32	4	69	14	640	2,307
Staats Hospital	Gen	Indep	40	4	27	25	934	.....
Charles Town, 2,434—Jefferson								
Charles Town General Hosp.	Gen	Indep	25	5	6	5	198	.....
Clarksburg, 28,866—Harrison								
Mason Hospital◇	Gen	Indep	52	10	66	24	882	.....
St. Mary's Hospital◇	Gen	Chrch	125	12	93	52	1,859	.....
Denmar, —Pocahontas								
Denmar Sanitarium (col.)	TB	State	85	..	..	75	...	.....
Elkins, 7,345—Randolph								
Davis Memorial Hospital◇	Gen	Indep	75	6	22	52	1,250	850
Elkins City Hospital	Gen	Indiv	65	5	..	33	...	.....
Fairmont, 23,159—Marion								
Cook Hospital◇	Gen	Indep	98	12	59	55	1,934	.....
Fairmont Emergency Hosp.◇	Gen	State	75	6	48	60	1,141	948
Glen Dale, 1,493—Marshall								
Reynolds Memorial Hosp.◇	Gen	Chrch	80	10	38	25	639	.....
Hinton, 6,654—Summers								
Hinton Hospital◇	Gen	Indep	71	4	23	29	792	1,720
Holden, 2,046—Logan								
Holden Hospital	Gen	Indep	40	2	2	10	600	.....
Hopemont, 65—Preston								
Conley Hospital	(Included in Hopemont Sanitarium)							
Hopemont Sanitarium	TB	State	450	..	..	389	476	.....
Huntington, 75,572—Cabell								
Chesapeake and Ohio Railway Hospital★	Gen	Indus	110	20	33	73	1,956	9,469
Huntington City Hospital	Gen	City	30	4	..	15	...	.....
Huntington Mem. Hosp.◇	Gen	Indep	150	6	52	40	1,466	3,988
Huntington Orthopedic Hospital	Orth	Indep	55	..	..	31	...	.....

WEST VIRGINIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Moore-Beckner Eye, Ear and Throat Hospital	ENT	Indiv	10	..	..	3	305	.....
St. Mary's Hospital◇	Gen	Chrch	80	20	172	50	2,172	408
Veterans Admin. Facility	Gen	Vet	210	..	..	25	271	324
Kenova, 3,680—Wayne								
Rife-Ferguson Hospital	Gen	Part	10	2	..	6	...	.....
Keyser, 6,248—Mineral								
Potomac Valley Hospital◇	Gen	Indep	45	5	41	27	867	300
Lakin, —Mason								
Lakin State Hosp. (col.)+	Ment	State	500	6	2	356	30	150
Logan, 4,396—Logan								
Hatfield-Lawson Hosp.◇	Gen	Indep	105	6	24	38	1,387	2,972
Marlinton, 1,586—Pocahontas								
Pocahontas Memorial Hosp.	Gen	Co	22	4	9	6	208	.....
Martinsburg, 14,857—Berkeley								
City Hospital◇	Gen	Indep	50	8	28	25	620	.....
Kings Daughters Hosp.◇	Gen	Indep	65	12	..	20	725	.....
McKendree, 117—Fayette								
McKendree Emerg. Hosp.◇	Gen	State	60	8	24	43	2,453	1,829
Montgomery, 2,906—Fayette								
Coal Valley Hospital◇	Gen	Indep	65	5	39	52	3,120	3,658
Morgantown, 16,186—Monongalia								
City Hospital◇	Gen	Indiv	27	6	23	16	524	1,500
Eastmont Tuberculosis Sanatorium	TB	Indep	36	6	..	..	16	.....
Monongalia County Hosp.	Gen	Co	85	10	79	37	1,157	.....
Moundsville, 14,411—Marshall								
Grand View Sanatorium	TB	Co	32	..	..	24	47	.....
Mullens, 2,356—Wyoming								
Mullens Hospital	Gen	Indiv	25	2	8	10	256	.....
New Martinsville, 2,814—Wetzel								
Wetzel County Hospital	Gen	Co	20	4	..	8	...	.....
Oak Hill, 2,076—Fayette								
Oak Hill Hospital	Gen	Part	50	5	15	17	1,113	.....
Parkersburg, 29,623—Wood								
Camden-Clark Mem. Hosp.◇	Gen	City	80	12	167	38	1,194	.....
St. Joseph's Hospital◇	Gen	Chrch	150	10	112	43	1,159	.....
Princeton, 6,955—Mercer								
Mercer Memorial Hospital	Gen	Indep	48	4	14	21	672	725
Princeton Hospital◇	Gen	Indep	40	4	17	18	823	923
Richwood, 5,720—Nicholas								
McClung Hospital◇	Gen	Indep	50	4	..	10	...	2,659
Sacred Heart Hospital	Gen	Chrch	34	6	12	9	326	.....
Ronceverte, 2,254—Greenbrier								
Greenbrier Valley Hosp.◇	Gen	Indep	50	4	15	35	761	.....
Sistersville, 3,072—Tyler								
Sistersville General Hosp.	Gen	Indep	20	3	..	10	...	.....
South Charleston, 5,904—Kanawha								
Dunn Hospital	Gen	Indiv	25	4	10	3	130	1,500
Welch, 5,376—McDowell								
Grace Hospital	Gen	Indep	50	6	28	28	1,113	1,237
Stevens Clinic Hospital	Gen	Indep	76	4	..	36	1,668	2,328
Welch Emergency Hosp.◇	Gen	State	115	2	22	54	2,899	1,520
Weston, 8,646—Lewis								
General Hospital	Gen	Indiv	20	4	18	15	418	500
Weston City Hospital	Gen	Part	20	6	35	6	295	500
Wheeling, 61,659—Ohio								
Ohio Valley General Hosp.★◇	Gen	Indep	240	30	329	114	3,846	5,561
Wheeling Hospital★◇	Gen	Chrch	300	25	290	107	2,915	1,560
Williamson, 9,410—Mingo								
Williamson Mem. Hosp.◇	Gen	Indep	54	4	38	28	1,008	2,190

Related Institutions

Elm Grove, —Ohio								
Ohio County Home Hosp.	Inst	Co	48	..	..	48	...	.....
Huntington, 75,572—Cabell								
Huntington State Hosp.	Ment	State	939	..	..	846	346	.....
Milton, 1,305—Cabell								
Morris Memorial Hospital for Crippled Children	Orth	Indep	30	..	..	20	...	.....
Moundsville, 14,411—Marshall								
West Virginia Penitentiary Hospital	Inst	State	33	..	..	17	200	.....
St. Marys, 2,182—Pleasants								
West Virginia Training Sch.	MeDe	State	80	..	..	58	75	.....
Spencer, 2,493—Roane								
Spencer State Hospital	Ment	State	935	..	..	888	334	.....
Weston, 8,646—Lewis								
Weston State Hospital	Ment	State	1,635	..	..	1,620	609	.....
Wheeling, 61,659—Ohio								
Ohio County Tuberculosis Sanatorium	TB	Co	17	..	..	16	...	.....

Summary for West Virginia:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	70	5,718	3,031	78,531
Related institutions	8	3,589	3,460	1,936
Totals	78	9,307	6,491	80,467
Refused registration	2	42		

WISCONSIN

Hospitals and Sanatoriums

Algoma, 2,202—Kewaunee								
Algoma Hospital	Gen	Indep	10	4	10	3	112	.....
Amery, 1,354—Polk								
Polk County Hospital	Gen	Indep	15	5	20	3	203	.....
Antigo, 8,610—Langlade								
Langlade County Memorial Hospital	Gen	Chrch	40	7	43	New	...	.....
Appleton, 25,267—Outagamie								
St. Elizabeth Hospital★	Gen	Chrch	200	50	429	77	2,814	.....

Key to symbols and abbreviations is on page 1021

WISCONSIN—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Ashland, 10,622—Ashland								
Ashland General Hosp.◇...	Gen	Indep	67	8	105	32	957	153
St. Joseph's Hospital◇.....	Gen	Chrch	135	15	145	70	1,847	.....
Baraboo, 5,545—Sauk								
St. Mary's Ringling Hosp...	Gen	Chrch	25	8	101	18	652	.....
Beaver Dam, 9,867—Dodge								
Lutheran Deaconess Hosp..	Gen	Chrch	28	8	110	14	678	.....
Beloit, 23,611—Rock								
Beloit Municipal Hospital..	Gen	City	80	20	309	38	1,617	.....
Berlin, 4,106—Green Lake								
Yates Memorial Hospital....	Gen	Indep	15	6	28	5	187	.....
Boscobel, 1,762—Grant								
Brookside-Parker Hospital..	Gen	Part	22	3	22	7	206	115
Burlington, 4,114—Racine								
Burlington Memorial Hosp.	Gen	Indep	25	10	115	10	468	.....
Chippewa Falls, 9,539—Chippewa								
St. Joseph's Hospital.....	Gen	Chrch	163	17	179	74	2,147	.....
Columbus, 2,514—Columbia								
St. Mary's Hospital.....	Gen	Chrch	40	5	87	20	460	120
Cumberland, 1,532—Barron								
Cumberland Hospital	Gen	Part	30	6	35	11	391	.....
Dodgeville, 1,937—Iowa								
Dodgeville General Hosp....	Gen	Indep	24	5	74	13	477	.....
St. Joseph's Hospital.....	Gen	Chrch	60	15	90	20	948	.....
Eau Claire, 26,287—Eau Claire								
Luther Hospital*◇	Gen	Indep	155	16	288	56	2,115	.....
Mt. Washington Sanat.....	TB	Co	57	..	..	59	57	.....
Sacred Heart Hospital.....	Gen	Chrch	178	16	389	98	2,966	.....
Edgerton, 2,906—Rock								
Edgerton Memorial Hosp...	Gen	Indep	16	6	79	6	277	.....
Elkhorn, 2,340—Walworth								
Walworth County Hospital.	Gen	Co	37	11	163	28	746	.....
Fond du Lac, 26,449—Fond du Lac								
St. Agnes Hospital*◇.....	Gen	Chrch	225	25	420	133	4,005	.....
Ft. Atkinson, 5,793—Jefferson								
Ft. Atkinson General Hosp..	Gen	Indiv	15	5	21	4	232	.....
Frederic, 680—Polk								
Frederic Hospital	Gen	Indiv	12	5	30	7	318	.....
Grantsburg, 777—Burnett								
Community Hospital	Gen	Indep	16	4	29	7	220	.....
Green Bay, 37,415—Brown								
Bellin Memorial Hosp.◇.....	Gen	Chrch	90	10	121	41	1,349	157
St. Mary's Hospital◇.....	Gen	Chrch	120	20	393	42	1,487	600
St. Vincent's Hospital.....	Gen	Chrch	200	23	385	154	5,336	1,905
Hartford,3,754—Washington								
St. Joseph's Hospital.....	Gen	Chrch	50	8	58	11	358	.....
Hawthorne, 581—Douglas								
Middle River Sanatorium...	TB	Co	135	..	..	128	100	.....
Hayward, 1,207—Sawyer								
Hayward Indian Hospital...	Gen	I A	51	6	70	41	832	1,580
Hillsboro, 972—Vernon								
Hansberry Hospital	Gen	Indiv	25	5	45	10	370	.....
Hudson, 2,725—St. Croix								
Hudson Sanatorium	Gen	Indiv	50	2	15	30	150	.....
Janesville, 21,628—Rock								
Mercy Hospital*◇	Gen	Chrch	130	20	267	50	2,197	.....
Pinehurst Sanatorium	TB	Co	68	..	..	65	78	.....
Jefferson, 2,639—Jefferson								
Forest Lawn Sanatorium...	TB	Co	52	..	..	49	50	40
Kaukauna, 6,581—Outagamie								
Riverview Sanatorium	TB	Co	65	..	..	58	67	282
Kenosha, 50,262—Kenosha								
Kenosha Hospital	Gen	Indep	150	30	283	55	1,482	.....
St. Catharine's Hospital and Sanitarium	Gen	Chrch	45	15	217	9	1,300	207
Willowbrook Sanatorium ...	TB	Co	40	..	..	39	26	.....
Keshena, 270—Shawano								
Keshena Indian Hospital....	Gen	I A	60	3	82	30	800	2,000
La Crosse, 39,614—La Crosse								
Grandview Hospital	Gen	Indep	106	10	95	52	1,237	1,217
La Crosse Hospital	Gen	Indep	40	12	126	21	1,027	.....
La Crosse Lutheran Hosp.*	Gen	Chrch	137	9	127	59	2,198	1,550
St. Francis Hospital*◇.....	Gen	Chrch	315	40	449	159	4,298	.....
Ladysmith, 3,493—Rusk								
St. Mary's Hospital.....	Gen	Chrch	35	8	92	18	670	.....
Lancaster, 2,432—Grant								
Doolittle Hospital	Gen	Indiv	15	2	36	6	248	.....
Laona, 1,709—Forest								
Ovitz Hospital	Gen	Indus	18	4	34	6	167	.....
Madison, 57,899—Dane								
Lake View Sanatorium.....	TB	Co	105	..	..	104	86	1,175
Madison General Hosp.*◇..	Gen	Indep	154	20	309	77	3,430	.....
Methodist Hospital*◇	Gen	Chrch	110	10	132	46	1,840	3,331
Morningside Sanatorium ..	TB	Indep	45	..	..	42	26	.....
Normandale	N&M	Indep	34	..	..	15	118	.....
St. Mary's Hospital*◇.....	Gen	Chrch	175	30	670	93	3,118	.....
State of Wisconsin General Hospital*++◇	Gen	State	630	22	339	615	11,704	.....
Wisconsin Orthopedic Hospital for Children.....	(Included in State of Wisconsin Gen. Hosp.)							
Wisconsin Psychiatric Inst.	(Included in State of Wisconsin Gen. Hosp.)							
Manitowoc, 22,963—Manitowoc								
Holy Family Hospital◇.....	Gen	Chrch	125	20	159	41	1,709	.....
Marinette, 13,734—Marinette								
Marinette and Menominee Hospital	Gen	Indep	58	12	165	27	1,048	400
Marshfield, 8,778—Wood								
St. Joseph's Hospital*◇....	Gen	Chrch	155	15	229	75	3,148	535
Mauston, 2,107—Juneau								
Mauston Hospital	Gen	Indiv	45	6	52	15	365	.....
Medford, 1,918—Taylor								
Medford Clinic Hospital....	Gen	Indep	34	8	197	18	499	.....
Mendota, 112—Dane								
Wisconsin Memorial Hosp..	Ment	State	300	..	..	110	59	.....

WISCONSIN—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Wisconsin State Hospital for Insane	Ment	State	871	..	..	887	976	711
Menomonie, 5,595—Dunn								
Menomonie City Hospital..	Gen	City	25	7	59	17	551	.....
Merrill, 8,458—Lincoln								
Holy Cross Hospital.....	Gen	Chrch	50	11	55	11	463	.....
Lincoln County Hospital...	Gen	Co	29	4	25	27	273	.....
Milwaukee, 578,249—Milwaukee								
Columbia Hospital*◇	Gen	Indep	160	45	314	53	2,056	1,180
Evangelical Deaconess Hospital*◇	Gen	Chrch	143	27	545	63	2,496	811
Johnston Emergency Hospital*⊙ .....Emerg		City	25	4	2	30	1,118	.....
Dr. Lynch's Sanatorium..	Diab	Indiv	15	..	..	2	60	2,000
Milwaukee Children's Hospital*⊙	Chil	Indep	155	..	..	108	3,026	7,441
Milwaukee Co. Gen. Hosp. Dispensary-Emerg. Unit	(Included in Milwaukee County General Hospital, Wauwatosa)							
Milwaukee General Hosp.◇..	Gen	Indep	165	35	555	63	1,731	192
Milwaukee Hospital, "The Passavant"*◇	Gen	Chrch	218	32	585	125	4,482	750
Misericordia Hospital*◇	Gen	Chrch	110	40	606	54	2,269	.....
Mt. Sinai Hospital*◇.....	Gen	Indep	142	28	612	100	3,490	3,571
Roger Williams Hospital...	Gen	Chrch	40	6	..	25	...	.....
Sacred Heart Sanitarium◇..	Gen	Chrch	320	..	..	132	2,317	.....
St. Anthony's Hospital.....	Gen	Chrch	40	12	216	20	1,022	500
St. Joseph's Hospital*++◇...	Gen	Chrch	325	70	764	118	4,429	850
St. Luke's Hospital*.....	Gen	Chrch	100	17	243	31	1,382	.....
St. Mary's Hill Sanitarium.	N&M	Chrch	110	..	..	75	352	.....
St. Mary's Hospital*◇	Gen	Chrch	226	30	470	128	4,304	.....
Shorewood Hospital-Sanit..	N&M	Indep	50	..	..	24	183	200
South Side Hospital	Gen	Indep	30	10	32	4	163	.....
South View Hospital.....	Iso	City	250	..	..	84	860	.....
Veterans Admin. Facility..	G&TB	Vet	1,557	..	..	1,033	4,388	1,354
West Side Hospital.....	Gen	Indep	25	5	40	4	211	140
Monroe, 5,015—Green								
Evangelical Deaconess Hosp.	Gen	Chrch	30	12	12	18	659	138
Mt. Horeb, 1,425—Dane								
Buckner Hospital	Gen	Indiv	14	6	76	4	438	.....
Neenah, 9,151—Winnebago								
Theda Clark Mem. Hosp.◇.	Gen	Indep	55	17	233	35	1,406	.....
New London, 4,661—Waupaca								
Community Hospital	Gen	Chrch	50	8	59	12	451	.....
Memorial Hospital	Gen	Indiv	12	7	11	2	145	.....
Niagara, 2,033—Marinette								
Niagara Hospital	Gen	Indus	10	4	47	5	232	.....
Oconomowoc, 4,190—Waukesha								
Oconomowoc Health Resort	N&M	Indep	76	..	..	44	55	.....
Oconto, 5,030—Oconto								
Oconto County and City Hospital	Gen	Indep	20	6	..	10	748	.....
Oconto Falls, 1,921—Oconto								
Oconto Falls Hospital.....	Gen	Indep	10	4	23	5	277	.....
Onalaska, 1,408—La Crosse								
Oak Forest Sanatorium....	TB	Co	60	..	..	58	81	.....
Oshkosh, 40,108—Winnebago								
Mercy and St. Mary's Hospitals*◇	Gen	Chrch	155	25	323	97	3,549	.....
Park Falls, 3,036—Price								
Park Falls Hospital.....	Gen	Indiv	25	4	17	6	304	.....
Pewaukee, 1,067—Waukesha								
Oak Sanatorium	TB	Co	38	..	..	38	31	.....
Platteville, 4,047—Grant								
Andrew Hospital	Gen	Indiv	20	4	14	6	172	.....
Wilson Cunningham Hosp..	Gen	Indiv	25	6	42	11	217	.....
Plymouth, 3,882—Sheboygan								
Plymouth Hospital	Gen	Indep	36	8	86	16	510	200
Rocky Knoll Sanatorium...	TB	Co	84	..	..	52	81	.....
Portage, 6,308—Columbia								
St. Savior's General Hosp..	Gen	Chrch	65	8	95	25	862	439
Poynette, 672—Columbia								
Poynette Hospital	Gen	Indiv	11	2	13	2	61	.....
Prairie du Chien, 3,943—Crawford								
Prairie du Chien Sanitarium-Hospital	Gen	Indep	60	6	68	21	976	.....
Prescott, 755—Pierce								
Dr. Louis Jones' Hosp.....	Gen	Indiv	25	4	15	15	117	.....
Purealr (Bayfield P.O.), —Bayfield								
Purealr Sanatorium	TB	Co	70	..	..	68	55	120
Racine, 67,542—Racine								
St. Luke's Hospital◇.....	Gen	Chrch	120	40	658	45	1,887	.....
St. Mary's Hospital.....	Gen	Chrch	130	33	357	57	2,118	.....
Sunny Rest Sanatorium.....	TB	Co	53	..	..	51	40	.....
Reedsburg, 2,967—Sauk								
Reedsburg Municipal Hosp..	Gen	City	31	8	..	New	...	.....
Rhinelander, 8,019—Oneida								
St. Mary's Hospital.....	Gen	Chrch	65	10	103	29	1,086	115
Rice Lake, 5,177—Barron								
Lakeside Methodist Hosp...	Gen	Chrch	33	5	101	16	594	.....
St. Joseph's Hospital.....	Gen	Chrch	40	10	140	21	812	.....
Richland Center, 3,632—Richland								
Richland Hospital	Gen	Indep	40	7	57	19	1,049	.....
River Falls, 2,363—Pierce								
City Hospital	Gen	City	14	4	48	6	232	.....
St. Croix Falls, 952—Polk								
St. Croix Falls Hospital....	Gen	Indiv	25	5	38	10	315	.....
Shawano, 4,188—Shawano								
Shawano Municipal Hosp...	Gen	CyCo	40	8	57	18	669	.....
Sheboygan, 39,251—Sheboygan								
St. Nicholas Hospital.....	Gen	Chrch	130	27	331	70	2,462	1,281
Sheboygan Memorial Hosp.	Gen	Indep	92	24	75	32	713	.....
Shullsburg, 1,041—Lafayette								
Dr. Ennis' Hospital.....	Gen	Indiv	15	2	..	2	...	.....

Key to symbols and abbreviations is on page 1021

WISCONSIN—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
South Milwaukee, 10,706—Milwaukee								
South Milwaukee Hospital..	Gen	Indiv	14	6	39	1	190	.....
Sparta, 4,949—Monroe								
St. Mary's Hospital.....	Gen	Chrch	50	11	188	34	1,250	.....
Stanley, 1,988—Chippewa								
Victory Hospital	Gen	Indep	16	4	42	4	236	.....
Statesan, 90—Waukesha								
Wisconsin State Sanat.✦....	TB	State	238	..	..	217	177	.....
Stevens Point, 13,623—Portage								
River Pines Sanatorium....	TB	Indep	52	..	..	35	43	.....
St. Michael's Hospital.....	Gen	Chrch	70	10	153	48	1,463	793
Stoughton, 4,497—Dane								
Stoughton Community Hospital	Gen	Indep	17	8	..	10	488	.....
Sturgeon Bay, 4,083—Door								
Egeland Hospital	Gen	Indiv	20	5	20	8	356	.....
Leasum Hospital	Gen	Indiv	15	4	33	10	352	.....
Superior, 36,113—Douglas								
Good Samaritan Hospital..	Gen	Chrch	12	8	83	7	240	.....
St. Francis Hospital.....	Gen	Chrch	50	10	69	27	510	175
St. Mary's Hospital◇.....	Gen	Chrch	108	15	193	62	1,765	1,383
Tomahawk, 2,919—Lincoln								
Sacred Heart Hospital.....	Gen	Chrch	42	6	19	12	360	43
Two Rivers, 10,083—Manitowoc								
Two Rivers Municipal Hosp.	Gen	City	37	10	101	19	743	.....
Washburn, 2,238—Bayfield								
Washburn Hospital	Gen	Indep	14	5	19	5	135	.....
Watertown, 10,613—Jefferson								
St. Mary's Hospital.....	Gen	Chrch	50	9	168	31	976	.....
Waukesha, 17,176—Waukesha								
The Spa .....IntMed		Indep	75	..	..	26	520	383
Waukesha Municipal Hosp..	Gen	City	66	18	265	34	1,250	545
Waukesha Springs Sanit....	N&M	Indep	50	..	..	20	...	.....
Waupaca, 3,131—Waupaca								
Waupaca Community Hosp.	Gen	Indep	12	..	..	New	...	.....
Waupun, 5,768—Fond du Lac								
Central State Hospital for Insane	Ment	State	204	..	..	366	69	.....
Wausau, 23,758—Marathon								
Mount View Sanatorium◎...	TB	Co	67	..	..	42	57	.....
St. Mary's Hospital◇.....	Gen	Chrch	130	18	216	61	2,128	689
Wausau Memorial Hosp.◇..	Gen	Indep	95	15	187	44	1,480	.....
Wauwatosa, 21,194—Milwaukee								
Milwaukee Asylum for Chronic Insane	Ment	Co	1,429	..	..	1,410	184	.....
Milwaukee County General Hospital✦✦◇	Gen	Co	1,000	75	1,822	787	14,345	39,274
Milwaukee Hospital for Mental Diseases	Ment	Co	767	..	..	850	552	.....
Milwaukee Sanitarium✦	N&M	Indep	130	..	..	118	179	.....
Muirdale Sanatorium◎	TB	Co	574	..	..	433	617	1,103
West Bend, 4,760—Washington								
St. Joseph's Community Hospital	Gen	Chrch	25	7	30	12	323	77
West DePere, 4,300—Brown								
Hickory Grove Sanat.....	TB	Co	90	..	..	80	66	.....
Whitehall, 915—Trempealeau								
Whitehall Community Hosp.	Gen	Indep	30	4	46	13	508	.....
Whitelaw, 269—Manitowoc								
Maple Crest Sanatorium...	TB	Co	50	..	..	47	80	.....
Winnebago, 1,120—Winnebago								
Northern Hospital for the Insane	Ment	State	905	..	..	877	825	.....
Sunny View Sanatorium....	TB	Co	91	..	..	81	102	.....
Wisconsin Rapids, 8,726—Wood								
Riverview Hospital	Gen	Indep	30	10	112	18	776	.....
Related Institutions								
Appleton, 25,267—Outagamie								
Outagamie County Asylum for Chronic Insane.....	Ment	Co	185	..	..	184	24	.....
Chippewa Falls, 9,539—Chippewa								
Chippewa County Chronic Insane Asylum	Ment	Co	273	..	..	264	25	.....
Northern Wisconsin Colony and Training School.....	McDe	State	1,501	..	..	1,448	221	.....
Dodgeville, 1,937—Iowa								
Iowa County Insane Asylum	Ment	Co	140	..	..	135	157	.....
Dousman, 256—Waukesha								
Wisconsin Masonic Home and O. E. S. Hospital.....	Inst	Frat	18	..	..	8	21	.....
Eau Claire, 26,287—Eau Claire								
Eau Claire County Insane Asylum	Ment	Co	205	..	..	198	18	.....
Elkhorn, 2,340—Walworth								
Walworth County Hosp....	Ment	Co	100	..	..	115	...	.....
Ellsworth, 1,124—Pierce								
Ellsworth Hospital	Gen	Indiv	8	4	28	5	148	.....
Fond du Lac, 26,449—Fond du Lac								
Fond du Lac County Insane Asylum	Ment	Co	265	..	..	256	25	.....
Green Bay, 37,415—Brown								
Brown Co. Insane Asylum..	Ment	Co	179	..	..	160	31	.....
Wisconsin State Reformatory Hospital	Inst	State	21	..	..	6	312	.....
Itasca, 315—Douglas								
Douglas County Asylum, Home and Sanatorium....	Ment	Co	240	..	..	231	26	.....
Janesville, 21,628—Rock								
Detention Hospital	Iso	City	10	..	..	..	4	.....
Rock County Hospital.....	Ment	Co	207	6	3	130	...	.....
Jefferson, 2,639—Jefferson								
Jefferson County Asylum for Chronic Insane.....	Ment	Co	189	..	.....	190	15	.....

WISCONSIN—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Juneau, 1,154—Dodge								
Dodge County Insane Asylum and Poor House.....	Ment	Co	190	..	..	186	...	.....
Kewaunee, 2,409—Kewaunee								
Dana and Dockry Hosp....	Gen	Part	10	4	..	3	68	.....
Lake Geneva, 3,073—Walworth								
Crane Farms Sanatorium..	Conv	Indus	15	..	..	4	61	.....
Lake Tomahawk, 60—Oneida								
Lake Tomahawk State Camp	TB	State	40	..	..	41	91	.....
Lancaster, 2,432—Grant								
Godfrey Hospital	Gen	Part	7	2	..	4	...	.....
Grant County Asylum.....	Ment	Co	284	..	..	275	20	.....
Madison, 57,899—Dane								
East Washington Hosp.....	Iso	City	50	..	..	7	...	.....
Manitowoc, 22,963—Manitowoc								
Manitowoc County Insane Asylum	Ment	Co	200	..	..	197	18	.....
Marshfield, 8,778—Wood								
Wood County Asylum for Chronic Insane	Ment	Co	222	..	..	220	15	.....
Menomonie, 5,595—Dunn								
Dunn County Asylum.....	Ment	Co	157	..	..	149	25	.....
Milwaukee, 578,249—Milwaukee								
Layton Home	Inc	Chrch	32	..	..	29	13	.....
Marquette University Eye, Ear, Nose and Throat Hospital	ENT	Indep	45	..	..	12	1,151	.....
Mondovi, 1,623—Buffalo								
Mondovi Hospital	Gen	Indiv	6	..	..	1	...	.....
Monroe, 5,015—Green								
Green County Asylum.....	Ment	Co	202	..	..	169	49	.....
New Richmond, 2,112—St. Croix								
St. Croix County Asylum for Chronic Insane.....	Ment	Co	160	..	..	148	...	.....
Osceola, 607—Polk								
Ladd Memorial Hospital...	Gen	Indiv	10	2	24	5	129	.....
Oshkosh, 40,108—Winnebago								
Alexian Brothers Hospital.	N&M	Chrch	85	..	..	50	69	.....
Owen, 1,102—Clark								
Clark County Asylum.....	Ment	Co	350	..	..	300	310	.....
Peshtigo, 1,579—Marinette								
Marinette County Insane Asylum	Ment	Co	240	..	..	195	31	.....
Platteville, 4,047—Grant								
Schilling Residence Hosp....	Gen	Indiv	8	2	6	4	172	.....
Racine, 67,542—Racine								
Lincoln Memorial Hospital for Communicable Diseases	TbIs	City	48	3	1	12	181	.....
Racine County Asylum....	Ment	Co	256	..	..	250	42	.....
Reedsburg, 2,967—Sauk								
Sauk County Asylum.....	Ment	Co	231	..	..	183	25	.....
Richland Center, 3,632—Richland								
Richland County Asylum for Chronic Insane	Ment	Co	142	..	..	118	26	.....
Shawano, 4,188—Shawano								
Shawano County Insane Asylum	Ment	Co	179	..	..	183	17	.....
Sheboygan, 39,251—Sheboygan								
Sheboygan County Asylum for Chronic Insane.....	Ment	Co	206	..	..	202	...	.....
Sparta, 4,949—Monroe								
Monroe County Insane Asylum	Ment	Co	114	..	..	102	12	.....
Tayeheedah, 1,465—Fond du Lac								
Wisconsin Industrial Home for Women	Inst	State	8	..	..	1	64	.....
Tomah, 3,354—Monroe								
Tomah Indian Hospital....	Gen	I A	42	5	..	New	...	.....
Union Grove, 755—Racine								
Southern Wisconsin Colony and Training School.....	McDe	State	738	..	..	620	...	.....
Verona, 455—Dane								
Dane County Asylum for Chronic Insane	Ment	Co	281	..	..	274	18	.....
Viroqua, 2,792—Vernon								
Vernon County Asylum....	Ment	Co	129	..	..	135	11	.....
Wabeno, 2,168—Forest								
Wabeno-Soperton Hosp....	Gen	Indiv	8	1	19	2	128	.....
Watertown, 10,613—Jefferson								
Bethesda Lutheran Home for Feebleminded and Epileptics	McDe	Chrch	380	..	..	360	...	.....
Waukesha, 17,176—Waukesha								
Waukesha County Asylum for Chronic Insane.....	Ment	Co	216	..	..	208	...	.....
Wisconsin Industrial School for Boys	Inst	State	17	..	..	3	250	.....
Waupun, 5,768—Fond du Lac								
Drs. Clark and Swartz Hospital	Gen	Part	8	4	22	6	139	.....
Wisconsin State Prison Hospital	Inst	State	20	..	..	14	290	.....
Wausau, 23,758—Marathon								
Marathon County Asylum for Chronic Insane.....	Ment	Co	189	..	..	189	20	.....
Marathon County Home and Hospital	Inst	Co	45	..	..	40	155	.....
Wauwatosa, 21,194—Milwaukee								
Blue Mound Preventorium.	(Included in Muirdale Sanatorium)							
Milwaukee County Home for Children	Inst	Co	60	..	..	47	854	.....

Key to symbols and abbreviations is on page 1021

WISCONSIN—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
St. Camillus Hospital	Inc	Chrch	60	..	..	20	63	.....
Salvation Army Martha Washington Women's Home and Hospital, West Bend, 4,760—Washington	Mat	Chrch	9	35	138	5	147	.....
Washington County Asylum for Chronic Insane, West Salem, 1,011—La Crosse	Ment	Co	150	..	..	143	12	.....
La Crosse County Asylum for Insane, Weyauwega, 1,067—Waupaca	Ment	Co	265	..	..	250	31	.....
Waupaca County Insane Asylum, Whitehall, 915—Trempealeau	Ment	Co	175	..	..	165	30	.....
Trempealeau County Asylum for Chronic Insane, Winnebago, 1,120—Winnebago	Ment	Co	140	..	..	125	17	.....
Winnebago County Asylum, Wisconsin Veterans' Home, 117—Waupaca	Ment	Co	249	..	..	239	24	.....
Grand Army Home for Veterans, Wyocena, 490—Columbia	Inst	State	480	..	..	159	432	.....
Columbia County Asylum	Ment	Co	210	..	..	140	43	.....

Summary for Wisconsin:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	159	18,920	13,381	177,381
Related institutions	66	10,812	9,465	7,363
Totals	225	29,732	22,846	184,744
Refused registration	10	354		

WYOMING

Hospitals and Sanatoriums

	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Basin, 903—Big Horn								
Basin Hospital	Gen	Indep	15	2	11	2	74	.....
Wyoming Tuberculosis Sanatorium, Burns, 216—Laramie	TB	State	33	..	..	30	24	.....
Burns Hospital	Gen	Part	15	5	34	4	189	.....
Casper, 16,619—Natrona								
Memorial Hospital of Natrona County	Gen	Co	67	9	191	41	1,369	.....
Cheyenne, 17,361—Laramie								
Memorial Hospital of Laramie County	Gen	Co	117	15	198	45	1,432	.....
Douglas, 1,917—Converse								
Douglas Hospital	Gen	Indiv	17	4	20	6	240	.....
Evanston, 3,075—Uinta								
Wyoming State Hospital	Ment	State	510	..	..	470	103	.....
Ft. Warren, 22—Laramie								
Station Hospital	Gen	Army	114	6	75	60	144	2,950
Ft. Washakie, 62—Fremont								
Shoshone Indian Hospital	Gen	I A	30	4	38	15	450	800
Gebo, 894—Hot Springs								
Gebo Hospital	Gen	Indep	12	4	..	6	...	60
Hanna, 1,483—Carbon								
Hanna Hospital	Gen	Indus	20	3	..	5	...	.....
Jackson, 533—Teton								
St. John's Hospital	Gen	Chrch	25	4	12	5	259	2,000
Kemmerer, 1,884—Lincoln								
Lincoln County Miner's Hospital	Gen	Indep	30	5	25	13	448	.....
Lander, 1,826—Fremont								
Bishop Randall Hospital	Gen	Chrch	20	6	23	6	238	.....
Midwest, 2,122—Natrona								
Midwest Hospital	Gen	Indus	25	3	64	6	243	3,020
Powell, 1,156—Park								
Whitlock Hospital	Gen	Indep	20	4	16	5	271	.....
Rock Springs, 8,440—Sweetwater								
Wyoming General Hospital◇	Gen	State	90	7	101	40	1,595	.....
Sheridan, 8,536—Sheridan								
Sheridan County Memorial Hospital◇	Gen	Co	65	12	..	42	1,275	.....
Veterans Admin. Facility	Ment	Vet	466	..	..	435	84	.....
Wheatland, 1,997—Platte								
Wheatland General Hosp.	Gen	Indep	37	7	57	26	1,279	1,520
Worland, 1,461—Washakie								
Dr. Gray's Hospital	Gen	Indiv	10	2	14	2	45	.....

Related Institutions

Cheyenne, 17,361—Laramie								
Laramie County Isolation Hospital	Iso	Co	14	..	..	2	8	.....
Gillette, 1,340—Campbell								
Rooney Hospital	Gen	Indiv	14	8	30	7	300	.....
Greybull, 1,806—Big Horn								
St. Luke's Hospital	Gen	Indiv	8	2	10	2	78	.....
Lander, 1,826—Fremont								
Wyoming State Training School	MeDe	State	285	..	..	233	43	.....
Lovell, 1,857—Big Horn								
Lovell Hospital	Gen	Indiv	6	2	19	2	151	.....

Summary for Wyoming:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	22	1,721	1,254	10,036
Related institutions	6	330	248	580
Totals	28	2,051	1,502	10,616
Refused registration	3	105		

ALASKA

Hospitals, Sanatoriums and Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Akiak, 228								
U. S. Hospital for Natives	Gen	Fed	12	2	..	..	...	.....
Anchorage, 2,277								
Anchorage Base Hospital	Gen	Fed	35	6	33	11	903	1,263
Cordova, 980								
Cordova General Hospital	Gen	Indiv	20	4	16	6	256	.....
Fairbanks, 2,101								
St. Joseph's Hospital	Gen	Chrch	29	3	..	12	...	.....
Ft. Yukon, 304								
Hudson Stuck Memorial Hospital	Gen	Chrch	40	2	8	18	134	388
Haines, 344								
Station Hospital	Gen	Army	12	2	12	6	157	357
Juneau, 4,043								
St. Ann's Hospital	Gen	Chrch	60	8	60	25	585	.....
U. S. Hospital for Natives	Gen	Fed	52	4	38	43	344	.....
Kanakanak, 177								
Kanakanak Native Hospital	Gen	Fed	10	1	..	4	100	824
Kennecott, 217								
Kennecott Copper Corporation Hospital	Gen	Indus	12	3	..	5	...	.....
Ketchikan, 3,796								
Ketchikan General Hospital	Gen	Chrch	45	10	63	7	575	40
Nome, 1,213								
Maynard-Columbus Hosp.	Gen	Chrch	20	..	..	7	...	.....
Petersburg, 1,252								
Petersburg General Hosp.	Gen	City	10	2	13	3	131	.....
Point Barrow, 82								
Presbyterian Hospital	Gen	Chrch	12	4	..	10	...	.....
Seward, 835								
Seward General Hospital	Gen	Chrch	24	3	16	13	275	188
Sitka, 1,056								
Alaska Pioneers' Home	Inst	Ter	85	..	..	22	81	.....
Tanana, 185								
Tanana Hospital	Gen	Fed	20	3	..	12	...	.....
Wrangell, 948								
Wrangell General Hospital	Gen	Chrch	20	4	..	9	...	.....

Summary for Alaska:

	Number	Beds	Average Patients	Patients Admitted
Hospitals, sanatoriums and related institutions	18	518	213	3,541

CANAL ZONE

	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Ancon, 1,629								
Gorgas Hospital*	Gen	Fed	856	24	515	405	11,496	.....
Balboa, 3,199								
Palo Seco Leper Colony	Lepro	Fed	110	..	..	105	10	.....
Station Hospital	Gen	Army	35	..	..	..	...	.....
Corozal, 1,645								
Corozal Hospital	Ment	Fed	340	..	..	..	315	.....
Station Hospital	Gen	Army	51	..	..	34	2,025	6,109
Cristobal, 644								
Colon Hospital	Gen	Fed	120	15	457	84	3,673	.....
Ft. Randolph (Coco Solo P. O.), 670								
Station Hospital	Gen	Army	12	..	..	15	550	1,000
Ft. Sherman, 766								
Station Hospital	Gen	Army	50	..	..	27	829	3,548
France Field, 942								
Station Hospital	Gen	Army	14	..	..	8	...	.....
Gatun, 2,338								
Station Hospital	Gen	Army	69	..	..	61	3,258	.....

Summary for Canal Zone:

	Number	Beds	Average Patients	Patients Admitted
Hospitals, sanatoriums and related institutions	10	1,657	739	22,156

GUAM

	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Agana								
Susana Hosp. for Natives	(Included in U. S. Naval Hospital)							
U. S. Naval Hospital	Gen	Navy	120	..	125	106	3,439	.....

Summary for Guam:

	Number	Beds	Average Patients	Patients Admitted
Hospitals, sanatoriums and related institutions	1	120	106	3,439

HAWAII

	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Aiea, 3,021—Honolulu								
Honolulu Plantation Hosp.	Gen	Indus	30	4	4	15	655	4,000
Eleele, 312—Kauai								
McBryde Sugar Company Hospital	Gen	Indus	40	3	14	22	708	1,345
Hakalau, 525—Hawaii								
Hakalau Hospital	Gen	Indus	25	2	11	9	367	1,146
Hilo, 19,468—Hawaii								
Hilo Memorial Hospital	Gen	Co	125	18	108	81	1,446	.....
Puumaile Home for Tuber.	TB	Ter	100	..	..	77	...	.....
Honokaa, 1,069—Hawaii								
Honokaa Sugar Company and Pacific Sugar Mill Plantation Hospital	Indus	Indus	40	..	..	10	...	.....
Honolulu, 137,582—Honolulu								
Japanese Hospital	Gen	Indep	120	10	..	76	...	.....
Kalihi Receiving Station	Lepro	Ter	200	..	..	145	...	.....
Kapiolani Maternity and Gynecological Hospital	Mat	Indep	50	32	785	30	1,168	.....
Kauikeolani Children's Hosp.	Chil	Indep	60	..	..	40	1,534	.....
Leahi Home	TB	Indep	440	..	..	409	383	342

Key to symbols and abbreviations is on page 1021

HAWAII—Continued

Hospitals, Sanatoriums and Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Queen's Hospital*◇	Gen	Indep	264	18	553	140	6,014	.....
St. Francis Hospital	Gen	Chrch	49	6	79	30	1,203	.....
Shriners Hospital for Crippled Children	Orth	Frat	28	..	..	28	87	1,068
Tripler General Hospital	Gen	Army	300	8	100	172	3,013	9,822
Hoolehua,—Maui								
Robert W. Shingle, Jr., Memorial Hospital	Gen	Chrch	12	4	15	3	98	213
Kahuku, 1,505—Honolulu								
Kahuku Plantation Company's Hospital	Gen	Indus	28	3	78	17	743	4,163
Kalaupapa,—Kalawao								
Kalaupapa Hospital	Lepro	Ter	50	12	..	28	192	.....
Kaneohe, (Heeia P. O.), 112—Honolulu								
Territorial Hospital	N&M	Ter	718	..	..	702	226	.....
Kealakekua, 350—Hawaii								
Kona County Hospital	Gen	Co	28	3	..	15	...	.....
Kealia, 100—Kauai								
Makee Sugar Company Hospital	Gen	Indus	26	3	29	11	483	2,412
Samuel Mahelona Memorial Hospital	TB	Co	150	..	..	95	...	.....
Kilauea, 1,232—Kauai								
Kilauea Sugar Plantation Hospital	Gen	Indus	25	3	28	8	435	.....
Kohala, 720—Hawaii								
Kohala Hospital	Gen	Co	34	2	..	14	...	.....
Koloa, 1,844—Kauai								
Koloa Sugar Company's Hospital	Gen	Indus	30	3	22	12	350	2,825
Kula (Waiakoa P. O.), Maui								
Maui County Farm and Sanitarium	TB	Co	226	4	19	190	566	.....
Lahaina, 2,730—Maui								
Pioneer Mill Company's Hospital	Gen	Indus	57	9	95	42	1,603	4,912
Lihue, 2,399—Kauai								
Lihue Hospital	Gen	Indus	45	6	14	24	1,047	4,812
Makaweli, 974—Kauai								
Hawaiian Sugar Company's Hospital	Gen	Indus	30	6	26	19	616	4,053
Olaa, 597—Hawaii								
Olaa Hospital	Gen	Indus	36	..	8	20	588	4,850
Ookala, 526—Hawaii								
Hospital of Kaiwiki Sugar Company	Indus	Indus	12	..	..	4	36	300
Paauhau, 536—Hawaii								
Paauhau Plantation Company Ltd. Hospital	Indus	Indus	12	..	..	5	...	.....
Paauilo, 1,233—Hawaii								
Paauilo Hospital	Indus	Indus	12	..	..	5	50	500
Pahala, 290—Hawaii								
Hawaiian Agricultural Company Hospital	Gen	Indus	22	6	52	15	521	2,521
Paia, 4,171—Maui								
Maui Agricultural Company's Paia Hospital	Gen	Indus	103	10	208	58	2,590	.....
Pearl City, 1,071—Honolulu								
Waimano Home for Feebleminded Persons	MeDe	Ter	217	..	..	210	27	.....
Pearl Harbor, 200—Honolulu								
U. S. Naval Hospital	Gen	Navy	238	..	..	155	1,703	.....
Pepeekeo, 520—Hawaii								
Pepeekeo Central Hospital	Gen	Indus	34	6	91	23	876	4,765
Pukoo, 50—Maui								
Ualapue Hospital	Gen	Co	20	2	..	5	...	.....
Puunene, 4,080—Maui								
Puunene Hospital	Gen	Indus	120	6	336	66	3,371	6,488
Schofield Barracks (Honolulu P.O.), 4,250—Honolulu								
Station Hospital	Gen	Army	350	12	100	248	6,566	10,986
Waialua, 4,511—Honolulu								
Waialua Agricultural Company Ltd. Hospital	Gen	Indus	36	5	53	13	635	4,310
Wailuku, 6,998—Maui								
Maluiani Hospital	Gen	Co	90	11	113	68	...	.....
Waiohinu, 100—Hawaii								
Kauhane Memorial Hospital	Gen	Co	20	2	..	6	...	.....
Waipahu, 5,874—Honolulu								
Oahu Sugar Company Ltd. Hospital	Gen	Indus	50	8	43	43	1,148	4,800

Summary for Hawaii:

	Number	Beds	Average Patients	Patients Admitted
Hospitals, sanatoriums and related institutions	45	4,702	3,411	38,458

PHILIPPINE ISLANDS

Hospitals, Sanatoriums and Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Bacolod, 19,350—Occidental Negros								
Occidental Negros Provincial Hospital	Gen	Gov't	60	4	17	36	1,355	8,261
Provincial Maternity and Children's Hospital	MatCh	Gov't	60	18	..	9	...	.....
Baguio, 5,464—Benguet								
Baguio Hospital◇	Gen	Gov't	67	..	..	36	...	.....
Station Hospital	Gen	Army	50	..	..	22	...	.....
Barili, 33,481—Cebu								
Hospicio de San Jose	Inc	Gov't	25	..	..	7	...	.....
Batangas, 41,182—Batangas								
Batangas Provincial Hosp.	Gen	Gov't	30	5	22	24	760	.....
Bayombong, 5,585—Nueva Vizcaya								
Bayombong Hospital	Gen	Gov't	20	..	..	10	...	.....
Binalbagan, 8,892—Occidental Negros								
Binalbagan Estate Hospital	Gen	Indus	13	2	3	4	50	.....
Bontoc, 609—Mountain								
Bontoc Hospital	Gen	Gov't	35	5	25	35	1,026	5,345
Butuan, 9,790—Agusan								
Butuan Public Hospital	Gen	Gov't	44	..	10	25	962	3,044
Cabanatuan, 15,282—Nueva Ecija								
Nueva Ecija Provincial Hospital	Gen	Gov't	50	4	32	31	1,029	2,947
Cagayan, 28,164—Misamis Oriental								
Cagayan Mission Hospital	Gen	Chrch	65	6	27	15	601	.....
Misamis Oriental Provincial Hospital	Gen	Gov't	20	2	27	9	359	2,533
Calamba, 18,062—Laguna								
Calamba Sugar Estate Hospital	Gen	Indus	25	1	28	25	874	.....
Calivo, 13,985—Capiz								
Capiz Provincial Hospital	Gen	Gov't	30	..	..	23	...	.....
Capiz, 21,996—Capiz								
Emmanuel Hospital◇	Gen	Chrch	65	5	35	39	1,502	980
Cavite, 22,163—Cavite								
Station Hospital	Gen	Army	150	8	131	64	1,727	9,870
U. S. Naval Hospital	Gen	Navy	150	..	..	104	...	.....
Cebu, 65,300—Cebu								
Cebu Maternity House	Mat	Indep	30	27	536	11	583	2,091
Chong Hou Chinese Hosp.	Gen	Indep	18	..	..	12	...	.....
Southern Islands Hosp.◇	Gen	Gov't	92	6	83	84	2,716	4,900
Cotabato, 410—Cotabato								
Cotabato Public Hospital	Gen	Gov't	40	..	..	33	...	.....
Culion, 4,868—Palawan								
Culion Leper Colony Hospitals	Gen	Lepro Gov't	539	16	77	509	2,561	.....
Cuyo, 14,766—Palawan								
Cuyo Hospital	Gen	Gov't	20	..	..	7	...	.....
Dagupan, 22,612—Pangasinan								
Pangasinan Provincial Hosp.	Gen	Gov't	50	..	..	51	...	.....
Dansalan, 5,988—Lanao								
Lanao Public Hospital	Gen	Gov't	50	..	..	35	...	.....
Dapitan, 12,865—Zamboanga								
Rizal Memorial Hospital	Gen	Gov't	30	..	..	7	...	.....
Davao, 13,046—Davao								
Davao Mission Hospital	Gen	Chrch	50	..	39	19	1,163	2,070
Davao Public Hospital	Gen	Gov't	60	..	..	44	...	.....
Del Carmen,—Pampanga								
Del Carmen Hospital	Gen	Indus	37	3	26	10	617	.....
Dipolog, 15,982—Zamboanga								
Dipolog Emergency Hosp.	Gen	Gov't	12	..	..	6	...	.....
Dumaguete, 6,227—Oriental Negros								
Dumaguete Mission Hosp.	Gen	Chrch	60	..	30	27	1,040	1,897
Fabrica,—Occidental Negros								
Ilco Hospital	Gen	Indus	50	..	14	14	533	.....
Ft. Stotsenburg,—Pampanga								
Station Hospital	Gen	Army	90	3	143	30	1,610	4,952
Guadalupe,—Rizal								
Station Hospital	Gen	Army	220	..	..	78	...	.....
Guinayangan, 4,055—Tayabas								
Filipinas Lumber Company Hospital	Indus	Indus	20	..	..	7	...	.....
Iloilo, 49,114—Iloilo								
Iloilo Mission Hospital◇	Gen	Chrch	86	12	104	52	1,494	2,537
St. Paul's Mission Hospital	Gen	Chrch	100	..	..	..	...	.....
Isabela, 2,281—Zamboanga								
Basilan Lumber Hospital	Indus	Indus	24	..	..	5	...	.....
Jolo, 5,796—Sulu								
Sulu Public Hospital	Gen	Gov't	46	..	..	16	...	.....
Kabasalan,—Zamboanga								
Pathfinder Estate Hospital	Gen	Indus	28	..	23	8	260	794
Kiangan, 276—Ifugao								
Kiangan Hospital	Gen	Gov't	15	..	..	12	...	.....
Kolambugan, 1,260—Lanao								
Kolambugan Hospital	Gen	Indus	24	2	5	11	3,486	2,216
Laoag, 38,469—Ilocos Norte								
Sallie Long Read Memorial Hospital	Gen	Chrch	40	2	..	10	...	.....
Legaspi, 52,756—Albay								
Albay Provincial Hospital	Gen	Gov't	35	7	..	28	...	.....
Milwaukee Hospital	Gen	Chrch	29	6	..	6	...	.....
Lubuagan, 226—Kalinga								
Lubuagan Public Hospital	Gen	Gov't	8	..	..	5	...	.....
Lucena, 11,939—Tayabas								
Tayabas Provincial Hosp.	Gen	Gov't	80	3	70	59	2,107	5,226
Makati, 12,470—Rizal								
City Sanatorium	Ment	City	234	..	..	225	...	.....
Malaybalay, 9,868—Bukidnon								
Bukidnon Public Hospital	Gen	Gov't	14	..	6	10	371	1,102
Mandaue, 21,464—Cebu								
Eversley Childs Treatment Station	Lepro	Gov't	780	..	13	598	491	.....
Manila, 285,306—Rizal								
Bilibid Hospital	Inst	Gov't	300	..	..	385	...	.....
Chinese General Hospital◇	Gen	Indep	150	..	..	25	...	.....
Mary Chiles Hospital◇	Gen	Chrch	100	..	..	62	...	.....
Mary J. Johnston Memorial Hospital◇	Gen	Chrch	96	24	585	85	1,221	.....
Maternity and Children's Hospital	MatCh	Gov't	84	40	1,434	59	2,700	6,580
Philippine General Hosp.*◇	Gen	Gov't	568	52	2,763	479	15,086	66,951
St. Joseph's Hospital	Gen	Indiv	75	14	..	3	...	.....
St. Luke's Hospital◇	Gen	Chrch	125	10	150	60	2,235	.....
St. Paul's Hospital◇	Gen	Chrch	100	12	88	50	1,487	2,834
St. Theresita's Hospital	Gen	Indiv	65	10	..	32	...	.....
San Juan de Dios Hospital◇	Gen	Chrch	236	20	..	214	...	.....
San Lazaro Hospital	TbIs	Gov't	1,016	..	..	911	5,211	4,726
Sternberg General Hospital	Gen	Army	300	8	65	170	2,600	9,268

Key to symbols and abbreviations is on page 1021

PHILIPPINE ISLANDS—Continued

Hospitals, Sanatoriums and Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted	Outpatients
Margosatubig,—Zamboanga								
Margosatubig Emergency Hospital	Gen	Gov't	18	..	..	6	...	.....
Mati, 6,440—Davao								
Mati Emergency Hospital	Gen	Gov't	6	..	1	1	32	747
Naga,—Camarines Sur								
Naga Provincial Hospital	Gen	Gov't	22	..	..	10	...	.....
Olongapo, 1,430—Zambales								
Cammilla Simpson Hosp.	Gen	Indep	17	8	..	..	...	.....
Pasay, 18,823—Rizal								
Mercy Hospital	Gen	Indiv	25	10	102	9	382	.....
Puerto Princesa, 5,827—Palawan								
Puerto Princesa Hospital	Gen	Gov't	22	..	..	6	...	.....
Sagada, 167—Mountain								
Mission Hospital of St. Mary the Virgin	Gen	Chrch	58	6	7	16	703	.....
Bethany Hospital	Gen	Chrch	34	4	45	19	946	366
San Fernando, 19,885—La Union								
Bethany Hospital	Gen	Chrch	34	4	45	19	946	366
San Fernando, 21,092—Pampanga								
Pampanga Provincial Hosp.	Gen	Gov't	50	..	69	29	808	.....
San Jose,—Antique								
Antique Provincial Hospital	Gen	Gov't	12	6	5	7	210	1,036
San Juan del Monte, 3,145—Rizal								
Manila Heights Hospital	Gen	Indiv	100	..	..	35	...	.....
San Pablo, 31,214—Laguna								
San Pablo Hospital	Gen	City	20	..	..	15	...	.....
San Pedro, 4,184—Rizal								
Hospital Espanal de Santiago	Gen	Indep	40	10	..	..	...	.....
San Roque,—Cavite								
San Ramon Maternity and Children's Hospital	MatChl	Indiv	14	10	80	6	191	.....
Santa Barbara, 30,913—Iloilo								
Western Visayas Treatment Station	Lepro	Gov't	200	..	..	165	163	.....
Santa Cruz, 14,151—Laguna								
Laguna Provincial Hosp.	Gen	Gov't	55	..	..	17	...	.....
Santol,—Rizal								
Santol Tuberculosis Sanatorium	TB	Indep	220	..	..	190	664	.....
Silay, 23,065—Occidental Negros								
Silay Maternity and Children's Hospital	Gen	City	21	6	50	10	370	7,978
Tacloban, 15,478—Leyte								
Bethany Hospital	Gen	Chrch	32	2	8	7	338	2,026
Leyte Provincial Hospital	Gen	Gov't	21	2	..	9	...	.....
Tagbilaran, 12,590—Bohol								
Bohol Provincial Hospital	Gen	Gov't	8	1	1	6	275	3,222
Presbyterian Mission Hospital	Gen	Chrch	25	2	19	9	851	2,385
Tanauan, 19,074—Leyte								
Maternity Hospital	Gen	Indep	20	..	43	7	289	624
Tarlac, 23,886—Tarlac								
Tarlac Provincial Hospital	Gen	Gov't	30	..	..	27	...	.....
Vigan, 17,764—Ilocos Sur								
Ilocos Sur Provincial Hosp.	Gen	Gov't	9	..	..	4	...	.....
Philippine Christian Institute Hospital	Gen	Chrch	30	5	..	11	...	.....
Zamboanga, 30,798—Zamboanga								
Brent Hospital	Gen	Chrch	30	3	12	8	337	291
San Ramon Penal Colony Hospital	Inst	Gov't	33	..	..	..	...	.....
Station Hospital	Gen	Army	26	..	..	5	...	.....
Zamboanga General Hosp.◇	Gen	Gov't	80	8	..	62	...	.....

Summary for Philippine Islands:	Number	Beds	Average Patients	Patients Admitted
Hospitals, sanatoriums and related institutions	95	8,497	5,797	67,322

PORTO RICO

Aguadilla, 10,952—Aguadilla								
Hospital Municipal	Gen	City	24	4	..	20	...	.....
Anasco, 3,064—Aguadilla								
Municipal Hospital of Anasco	Gen	City	16	3	..	9	...	.....
Arecibo, 12,863—Arecibo								
Clinica de Arecibo	Gen	Indiv	10	..	..	4	...	.....
Bayamon, 12,986—San Juan								
Hospital Municipal de Bayamon	Gen	City	50	..	..	40	...	.....
Cabo Rojo, 4,605—Mayaguez								
Hospital Municipal	Gen	City	16	..	..	12	...	.....
Cayey, 5,953—Guayama								
Clinica Dr. Villeneuve	Gen	Indiv	18	6	..	8	...	.....
Fajardo, 7,322—Humacao								
Luis Manuel Cintron Hosp.	Gen	CyCo	34	..	..	30	...	.....
Gurabo, 3,468—Humacao								
Municipal Hospital	Gen	City	25	2	60	20	1,000	.....
Hato Rey,—SanJuan								
Clinica Dr. M. Juliá	N&M	Indiv	100	..	..	70	40	36
Humacao, 7,937—Humacao								
Ryder Memorial Hospital	Gen	Chrch	46	8	91	30	1,500	.....
Juana Diaz, 2,466—Ponce								
Hospital Municipal	Gen	City	30	..	48	11	416	.....
Juncos, 5,297—Humacao								
Hospital Municipal	Gen	City	20	..	..	15	...	.....
Lares, 3,049—Aguadilla								
"Clinica San Jose"	Gen	Part	5	2	9	2	47	218
Hospital Municipal de Lares	Gen	City	18	2	..	15	...	.....
Las Piedras, 1,335—Humacao								
Las Piedras Municipal Hosp.	Gen	City	16	..	..	8	...	.....
Loiza, 1,606—Humacao								
Loiza Municipal Hospital	Gen	City	21	..	60	11	500	.....
Manati, 7,449—Arecibo								
Hospital Municipal Manati.	Gen	City	25	..	..	20	...	.....
Maunabo, 1,117—Guayama								
Hospital "San Jose"	Gen	City	9	2	16	8	72	1,460
Mayaguez, 37,060—Mayaguez								
Mayaguez and Western Policlinic	Gen	Indiv	80	..	..	60	...	.....
Mayaguez Sanatorium	Gen	Part	30	..	..	20	...	.....
Naguabo, 4,087—Humacao								
Hospital Municipal de Naguabo	Gen	City	15	..	..	6	...	.....
Ponce, 53,430—Ponce								
St. Luke's Memorial Hosp.	Gen	Chrch	65	6	41	30	1,305	.....
Santo Asilo de Damas Hosp.	Gen	Chrch	110	..	..	..	...	.....
Tricoche Municipal Hosp.	Gen	City	110	100	..	75	...	.....
Quebradillas, 1,755—Aguadilla								
Hospital Municipal de Quebradillas	Gen	City	8	..	..	5	...	.....
Rio Piedras, 13,408—San Juan								
Insular Leper Colony	Lepro	Gov't	60	..	..	..	...	.....
Psychiatric Hospital of Puerto Rico	Ment	Gov't	1,000	..	..	952	...	.....
Sanatorio de La Sociedad Espanola de Auxilio Mutuo y Beneficencia de Puerto Rico	Gen	Indep	150	20	53	88	1,540	.....
Salinas, 2,252—Guayama								
Hospital de Salinas	Gen	City	60	6	..	20	...	.....
San Juan, 114,715—San Juan								
Capital City Hospitals	Gen	City	300	50	1,800	165	6,000	.....
Hospital de la Penitentiaria	G&TB	Gov't	38	20	..	..	...	.....
Porto Rico Sanatorium	Gen	Indep	16	..	..	6	...	.....
Presbyterian Hospital✚	Gen	Chrch	70	7	146	68	1,361	.....
Quarantine Hospital	Iso	Gov't	40	..	..	..	...	.....
Station Hospital	Gen	Army	166	10	36	35	1,013	1,327
University Hospital of the School of Tropical Medicine✚	Gen	Gov't	52	3	35	28	411	1,593
Santurce,—San Juan								
Santa Rosa Clinic	Gen	Indep	15	2	..	..	...	.....
Vega Baja, 4,784—Arecibo								
Vega Baja Municipal Hosp.	Gen	City	30	6	21	22	246	.....
Yabucoa, 3,841—Humacao								
Yabucoa City Hospital	Gen	City	24	2	..	12	...	.....
Yauco, 8,607—Mayaguez								
Clinica "El Amparo"	Gen	Indiv	26	..	..	2	...	.....
Yauco Hospital	Gen	City	30	..	..	..	...	.....

Summary for Puerto Rico:	Number	Beds	Average Patients	Patients Admitted
Hospitals, sanatoriums and related institutions	41	2,978	1,927	15,451

VIRGIN ISLANDS

Christiansted, 3,767—St. Croix Island								
Christiansted Municipal Hospital	Gen	City	50	6	56	40	978	.....
Virgin Islands Insane Asylum	Ment	City	55	..	..	44	14	.....
Virgin Islands Leper Asylum	Lepro	City	90	..	..	83	5	.....
Frederiksted, 2,698—St. Croix Island								
Frederiksted Municipal Hosp.	Gen	City	35	6	55	25	689	.....
St. Thomas, 7,036—St. Thomas Island								
Municipal Hospital	Gen	City	92	12	..	58	...	.....

Summary for Virgin Islands:	Number	Beds	Average Patients	Patients Admitted
Hospitals, sanatoriums and related institutions	5	322	250	1,686

Key to symbols and abbreviations is on page 1021

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SATURDAY, MARCH 31, 1934

HOSPITALS IN 1933

The total patient days in all hospitals in the United States in 1933 was approximately 296 million. There were 173 million patient days in mental hospitals, 85 million in general hospitals, 22 million in tuberculosis sanatoriums, and around 16 million in other special hospitals. The popularity of the use of hospitals in childbirth is attested by 709,276 births in hospitals last year. One tenth of these were in maternity hospitals. Outpatient departments served nearly 14 million persons, who made close to 33 million calls at these departments. These figures attest the vastness of growth in this phase of medical practice.

The fact that 2,878 hospitals have their clinical laboratories directed by pathologists or, at least, by physicians establishes a figure from which to measure future progress. The remaining 1,089 hospitals that have laboratories failed to report regarding their medical supervision. Radiologists or other physicians are reported in charge of 3,487 roentgen-ray departments, while 892 departments reported lay directors or failed to specify.

Further evidence of the growing extent of medical practice in hospitals is contained in the names of 126,261 physicians having hospital connection, duplicates eliminated. Of these, 113,631 are on regular, consulting and other staff lists; 2,312 are physician superintendents; 2,348 are resident physicians, and 7,970 are interns. The number would seem to represent well nigh all the qualified physicians in active practice. There are, however, still problems of local distribution, both as to physicians and as to hospitals.

The list published on pages 1021 to 1083 in this issue contains the names of 6,437 registered hospitals together with the capacity, the ownership or control, the type of service rendered, location and other important data. The total capacity of all hospitals is 1,027,046 beds and 52,464 bassinets. There are 576 institutions which, after investigation, were refused registration. The total capacity of those refused, however, is only 1.6 per cent of the capacity of all hospitals.

Special symbols show 677 hospitals approved for internships, 370 for residencies in specialties and 1,760 operating state accredited schools of nursing. The special recognition given to hospitals, as well as their registration and classification, is based on inspection wherever possible. Several hundred additional hospitals are visited each year. However, whether a hospital is inspected or not, reports are obtained from superintendents, intern committees, and others who are in best position to know conditions.

The privately supported hospitals and in the main private general hospitals have been most hard hit by the depression. General hospitals, most of which are wholly or partially dependent on pay or part-pay patients, have not participated in the increase of thirty million patient days for 1933 over those of 1929. That increase went to the mental hospitals, most of which are supported by state governments. Furthermore, the general hospitals of the country carried a burden of idle beds, averaging 155,000, equal to the number of general hospital patients in the entire United States west of Pittsburgh. The resulting loss of revenue, plus the actual cost of maintaining these idle beds, is sufficient to place nearly all such hospitals in a precarious financial condition.

Still another drop in the revenue of general and some other hospitals has been due to the reduction in the length of time that patients have spent in hospitals. The average length of stay in all general hospitals in 1933 was fourteen days. That of many individual institutions ran as low as six or eight days. Such a record, although excellent for the reputation of the institution, is not so favorable to its finances.

Private hospitals have seen a considerable proportion of their paying patronage reduced to such financial straits as to be forced to enter the tax-supported institutions. At the same time the amount of charity work, non-pay hospitalization and delinquency in payments have materially increased.

This condition has forced hospitals to invent new ways of carrying on their struggle for existence. There may be some compensation and consolation for hospitals in that their experiences during these years have resulted in some improvement of methods and in the discovery of economies, some of which might well be adopted permanently. There is room for every consideration and all possible support that can be given to deserving hospitals by the medical profession as well as by the public.

It would seem that the nation as a whole is oversupplied with general hospitals and other types of institutions excepting those for mental diseases and tuberculosis. These two types of institutions, especially many of the large state mental hospitals, are indeed crowded. With regard to other than mental and tuberculosis hospitals, however, there are, in some places, large and costly investments in idle beds. The question of overbuilding is one that in the last analysis is the

special problem of each individual community. Therefore, in the contemplation of additional hospital facilities, the community should study carefully (1) the adequacy of existing hospital facilities and (2) future needs. Competitive building will hinder rather than help. A hospital building project to sell real estate or to expand the sale of equipment should be deprecated. Plans for the future should be based on reasonably expected growth, not on the present abnormal situation and certainly not adopted as a financial promotion primarily.

CERTIFICATION OF SPECIALISTS

At the last annual session of the American Medical Association a resolution was adopted authorizing the Council on Medical Education and Hospitals to express its approval of such special examining boards as conform to standards of administration formulated by the Council and urging the Board of Trustees to use the machinery of the American Medical Association, including the publication of the Directory, in furthering the work of such examining boards as may be accredited by the Council. Pursuant to that action, the Council is beginning with its task of designating and classifying the specialists of the United States. Arrangements have been made in the publication of the next edition of the American Medical Directory to indicate those physicians who hold the certificates of some of the boards already established, and also to describe the nature of the boards which will be considered acceptable by the Council. Already certifying boards have been established in the fields of ophthalmology, otolaryngology, dermatology, and gynecology and obstetrics, and boards are said to be forming in the fields of roentgenology and orthopedic surgery. Moreover, there is some evidence of a desire to establish a special board in the field of general surgery, a board in which the section of the American Medical Association and representatives of the leading surgical associations should have a part.

In the meantime, as a result no doubt of suggestions made at a hearing before the reference committee of the House of Delegates at the meeting in Milwaukee, the certifying boards already established have organized among themselves an advisory board which, it is presumed, will serve to coordinate the activities of the several boards, standardizing their methods of work and advising with them in their operation. The functions of this coordinating board are clearly to aid in the practical operation of the boards rather than to define their methods of work or to sit in judgment on the results of their operations. That clearly, according to the resolution adopted by the House of Delegates of the American Medical Association, is to be the function of the Council on Medical Education and Hospitals. As an independent body, the purpose of which will be to maintain the operation of the certifying boards in the specialties at a high level both as to standards adopted and as to conduct, the Council on Medical Education and Hospitals could hold no representation on this coordinating board. It may, of course, advise with the coordinating board at such times as its advice may be sought. It would hardly be in order for a body sitting in judgment to hold membership on a board whose work it was expected to judge.

The machinery of the American Medical Association in support of the work of the certifying boards has already begun to function to some extent. The mere description of the boards in the American Medical Directory and the listing of those who hold the certificates is in itself a vital step in making effective the advancement of the specialties concerned. Beyond this, however, the American Medical Association has broadcast over the radio, through newspapers and to some extent through its periodical *Hygeia* a description of the certifying boards and a statement as to the significance of their certificates. As information concerning the work of these boards becomes more widely disseminated among both the medical profession and the public, their prestige must grow. Eventually the young man who wishes to make for himself a place in any of these specialties will consider the securing of a certificate by a council-recognized certifying board as the first step in such a procedure. Hospitals will also do well to be guided in their staff appointments by similar qualifications.

Movements of this type necessarily develop and advance slowly. However, with the qualifications and restrictions that have been outlined, there is reason to believe that the certifying boards will do much to advance the quality of specialistic service available to the people and to the profession of our country.

RESPONSE OF THE COLON TO CATHARTICS

Probably no part of the physiology of the body impresses itself more persistently on the consciousness than activity of the large intestine. Whether the contents collect and remain too long or whether the organ is prone to empty too rapidly, the individual is aware of the situation. Consequently, this organ is the object of the greatest amount of self medication. And although various other functions have been demonstrated, the activity of the large intestine in absorbing water from its contents and propelling the feces thus formed toward the anus still seems to be its characteristic if not its most important purpose. In an effort to elucidate certain of the details of the action of cathartics on the colon, Larson and Bargen[1] of the Mayo Clinic recently examined the question of the production of mucus and its response to certain drugs under experimental conditions (isolated loop of colon). The function of the mucus secreted seems to be to lubricate the fecal mass; the amount is fairly constant

1. Larson, L. M., and Bargen, J. A.: Action of Cathartics on Isolated Dog's Colon, Arch. Surg. **27**: 1120, 1130 (Dec.) 1933.

and tends to be less, the quieter the animal. Ten or fifteen minutes after defecation there was an increase, which lasts for about an hour. In pregnancy the amount of colonic secretion is higher than before, and the response to defecation, whether normal or after catharsis, is augmented. Diarrhea of unknown cause was accompanied by an elevated secretion of mucus.

When cathartics were given there was no increase in the production of the secretion of the colonic loop until defecation occurred. With phenolphthalein, senna and rhubarb there was a marked rise in mucus production and a rapid fall to the control level. Although the obvious effects produced by castor oil were no different than those brought about by the foregoing cathartics, the secretion into the loop continued at an elevated rate for about four hours. Colocynth induced a prompt and marked rise in secretion and an immediate fall. In contrast to these observations, the results after administration of the saline cathartics and after an enema of water were little different than in the control experiments. The Rochester investigators do not believe that the increase in intra-abdominal pressure incident to defecation serves to force out mucus already secreted in the colonic loop. Close observation of an area of exteriorized mucosa showed an actual increase in the mucus production at the time of defecation. Furthermore, when the act of defecation was interrupted, the production of secretion was only slightly above the control level. It appears that the muscles of the wall of the large intestine are involved in a nervous reflex, thereby contracting and "resulting secondarily in stimulation of secretion of its goblet cells."

A correlated study of the motor activity of the large intestine after the administration of cathartics was carried out on the isolated loop by the balloon method. At rest there were demonstrated continued rapid contractions in the cecal portion of the isolated loop, whereas the distal part was usually quiescent. Respiration had little effect on the movement in the cecum. During normal defecation, the movements of the loop were unchanged until straining occurred; then movement in the cecal portion largely ceased for a time and a wave of contraction passed over the distal segment and activity in this part lasted from fifteen to twenty minutes. With the saline cathartics the motor response was not unusual; the persistence of activity in the distal colon was greater with phenolphthalein and rhubarb; movement lasted still longer after defecation when mild mercurous chloride and senna were administered, and following castor oil it was many hours before the distal segment of the colonic loop was normally quiescent. In general it was observed that, after the use of cathartics, the movements of the isolated loop were of a peristaltic nature.

These observations are in general agreement with those of Raiford and Mulinos [2] on a section of exteriorized colon. By suitable means, changes in transverse as well as in longitudinal dimension were recorded. A stimulation of the mucosa causes the longitudinal muscles to contract below the stimulus, enlarging the lumen of the intestine; no contraction occurs above the stimulus. But the circular muscles contract above the stimulus, narrowing the lumen and forcing the bolus into the enlarged portion. The repetition of a series of such reflexes gives the appearance of peristalsis. In general, it appears that the so-called myenteric reflex still is an important, if not the chief, factor in moving the contents of the large intestine in a posterior direction.

2. Raiford, T. S., and Mulinos, M. G.: Proc. Soc. Exper. Biol. & Med. **31**: 346, 1933.

Current Comment

ARTIFICIALLY INDUCED LEUKEMIA

In an extensive investigation particularly of susceptibility to cancer, to which reference was recently made in these columns,[1] a study was made of the results of the continued administration to mice of indole, the indirect tumefacient effects of which had been already established by a number of other workers. This study, by Büngeler [2] in the laboratory of Fischer-Wasels, indicates that with this substance metabolic changes occur similar to those observed after prolonged administration of arsenic or application of coal tar: a shift of metabolism from the normally oxidative type to the fermentative type identified by Warburg with tumor metabolism. A by-product of this work is of special interest. The original repeated administration of indole in rather large doses caused in the mice a high proportion of deaths from general intoxication, while in others it produced a hemolytic anemia, with leukopenia and hemorrhage and necrosis in the bone marrow. The dosage, in smaller amount, was continued, and animals so treated showed atrophy of the medullary blood-forming centers. Continuation with still smaller doses led to the appearance of regenerative changes in the hematopoietic organs, accompanied by increase of the white cells in the circulation. The anemia, however, developed progressively. After eight months of indole administration several animals showed an aleukemic lymphadenosis, several the more usual type of lymphadenosis, one a typical lymphsarcoma, several typical myeloid leukemia, and a number aleukemic myelosis. In all, 17.5 per cent of the surviving animals showed what Büngeler regards as apparently neoplastic changes of the blood-forming organs. Of the remaining animals a great majority showed regenerative changes in these organs, with in part the appearance of extramedullary centers of hematopoiesis. A smaller portion showed marked degenerative changes—fibrosis and amyloid degeneration of the marrow, spleen and liver. That these conditions are not of spontaneous origin is indicated by the fact that all intermediate changes were observed between the regenerative and the apparently

1. The Origin of Cancer, editorial, J. A. M. A. **102**: 214 (Jan. 20) 1934.

2. Büngeler, Walter: Die experimentelle Erzeugung von Leukämie, aleukämischen Myelosen, Lymphadenosen und Lymphosarkom, Klin. Wchnschr. **11**: 1982 (Nov. 26) 1932.

neoplastic lesions. Also, with sufficiently continued indole intoxication, all the animals showed changes of some type in the hematopoietic system. In a large stock of white mice observed over the same period, but used in other experiments, spontaneous lymphadenosis was seen only twice. That such disease is not common in mice is indicated by statistics from Maud Slye's laboratory, which show that its total natural incidence in 15,000 mice was 1.4 per cent. The development of these lesions in animals under conditions known definitely to predispose to tumor development, and the additional fact that organs infiltrated with myeloid or lymphocytic elements showed the metabolic change to aerobic fermentation characteristic of malignant tumors, would seem to place this group of hematopoietic diseases decisively in the category of neoplasms—a grouping that has long been suspected. The fact that a diversity of changes was observed serves also to clear up at least in part a feature of embarrassment in the classification of these diseases, in which cases of atypical or intermediate character have clouded a conception already sufficiently complicated.

Medical Economics

ANOTHER COLLECTION COMPANY EXPLOITS PHYSICIANS

Birdsell Loan and Finance Co., Inc., Fools Professional Men

The Birdsell Loan and Finance Co., Inc., of Evanston, Ill., is engaged in the general collection business. It is reported that Mr. A. E. Birdsell, president of the company, stated that the company had also been engaged in financing past due accounts. The company was apparently chartered in December 1929 with an authorized capitalization of $20,000, consisting of 1,200 shares of stock with no par value. We are informed that it began operation with offices in Jacksonville, Ill., where it was located for about two years, then moved to Rock Island, Ill., where it was located for about two years, and that the offices were finally moved to Evanston in September 1933.

The contract provisions of this company contain many clauses against which physicians have been warned in the columns of THE JOURNAL and of *The Bulletin*. The physician who places his accounts in the hands of the Birdsell Loan and Finance Co., Inc., *assigns and sells his accounts to the company, subject to the company's discretion in settlement;* he authorizes the company to take notes from debtors payable to the company and he further agrees "to receipt in full any account on which the company accepts note in lieu of cash after commissions have been deducted" and he has received the amount due him on the account. *The physician constitutes, empowers and authorizes the company his sole agent for the purpose of negotiating any or all settlements of accounts listed with the company, and he also constitutes, empowers and authorizes the company his sole agent and attorney in fact for the purpose of endorsing all papers of any kind or nature that may come into the company's possession.* Furthermore, the physician agrees not to accept settlements or payments on any of the accounts listed with the company without forwarding *the full amount* of said payment to the company the day settlement or payment is made.

These citations to the contract provisions to which the physician subscribes when placing accounts with the Birdsell Loan and Finance Co., Inc., are sufficient to show that the contract is drawn largely in favor of the company and completely removes from the control of the physician the methods to be used in making collections. Moreover, it places the company in complete control of all moneys and papers.

Other organizations besides the American Medical Association have received numerous complaints from clients who allege that they cannot obtain the moneys collected for them by this company. In this connection a printed article which appeared in "The Report of the Chicago Better Business Bureau," Feb. 22, 1934, is of interest.

"PROFESSIONAL MEN FOOLED BY BIRDSELL COLLECTION DEAL

"'Men are not born successful. Success is the outcome of achievement.'

"These are the words of A. E. Birdsell, as quoted in *Buffalo Saturday Night* many years ago.

"As for Mr. Birdsell's own achievements, he has recently been successful in fooling a multitude of business and professional men through his 'Birdsell Loan and Finance Company, Inc.', now operating from 1515 Sherman Avenue, Evanston, Illinois, as a 'collection agency.'

"The Birdsell contract, by means of which complainants feel they have been deceived, is not exactly what it seems. The business or professional man, first of all, does not merely 'turn over' his accounts to Birdsell's agency for collection. He 'assigns' and 'sells' them, subject to the Company's discretion in settlement.

"The commissions demanded for the collection of delinquent accounts appear to be very moderate, on first reading of the contract—only 25 or 30 per cent. However, the business man frequently fails to grasp the meaning of the word 'aggregate' as used in the contract, which says that the company's commission is '25 per cent of the aggregate amount listed.' Birdsell interprets this as meaning that if the client assigns accounts totaling $2,000 for collection, and the company collects less than $500, the entire amount collected is retained by the company as its commission. Many collection agencies have advised the Bureau that, according to their experience, seldom more than 25 per cent of 'the aggregate amount listed' ever is collected by an agency on accounts of this nature.

"Practically speaking, the business man who 'assigns' his delinquent accounts to Birdsell's concern is saying: 'These people owe me $2,000. You may do with them as you wish—I have nothing to say about it. You can endorse checks and notes made payable to me, negotiate settlements and act as my sole agent, in return for which you are to keep the first $500 you take in. Until this $500 has been collected by you, any money I may personally collect on these accounts is yours. After that, anything realized over and above $500 should be mine.'

"Business men who have complained to the Bureau have stated that the salesman represented that the company would mail to the client 75 per cent of all money collected as it came in. They have failed to grasp the significance of the word 'assigns.'

"Birdsell's concern formerly operated from Rock Island, Illinois. In 1932 a doctor in New York realized that he had been deceived and advised his debtors to pay the Birdsell company nothing. Birdsell wrote the following to one of the debtors: 'If Dr.———— thinks he is running our business he is sadly mistaken, and if you use Dr.———'s services in the future, I want you to bear in mind that he has not carried out his contract with us. We don't trust him and you are to judge whether or not you should.'

"The doctor took his complaint to his local Better Business Bureau, and Birdsell's letter to the Bureau states: 'I have no confidence in any Better Business Bureau, which is indicated by the letter I am enclosing for your perusal a copy of which I am enclosing to the clients.' The letter enclosed was a malicious attack on Better Business Bureaus by J. L. Foreman of Foreman's National Detective Agency, Denver, Colorado, which has since been revealed as a local unit of ex-convict Logan Billingsley's anti-Better Business Bureau organization. (This organization included questionable investment operators, promoters, loan sharks, fraudulent users of the mails, and others who had reason to dislike Bureaus.)

"A letter of endorsement from Foreman, and another from the 'A. M. A. Detective Bureau' of Birdsell's own creation, appear in the sales kit solicitors for the present enterprise have shown to prospects. One solicitor is said to have carried a letter of endorsement from the Chicago Better Business Bureau. The only letters the Chicago Bureau has addressed to Birdsell have been in connection with inquiries and complaints, with the exception of one written in answer to Birdsell's refusal to provide the Bureau with information to be used in handling inquiries regarding his concern.

"The Bureau's investigation of Birdsell's past activities indicates that in 1922 he formed the A. E. Birdsell Company, Inc., operating at 46 Builders Exchange, Buffalo, N. Y. On February 3, 1923, the Buffalo *Express* published a news article in which it was stated that he had left the concern with liabilities of $91,000. This was evidently intended as a cooperative venture, giving stockholders the right to buy coal and ice at a discount.

"In 1927 Birdsell was employed by the United States National Adjustment Company, 3408 South Michigan Avenue, Chicago, another agency which has been generally complained against."

The Better Business Bureau, Inc., of Indianapolis reported a few months ago (December 1933) that it had received some serious complaints relative to this organization, all based on the company's high pressure methods of obtaining collection accounts and the methods used in making collections and handling the accounts.

The secretary of a state medical society in a Midwestern state reported that a representative of the Birdsell Company, soliciting business in other parts of the state, had showed a copy of a telegram supposed to be an indorsement of the company by the secretary of the state medical society. According to the secretary of the state medical society, the telegram was a complete forgery.

It is also stated by the same state medical society secretary that the Birdsell Company has practiced some peculiar methods in financing medical accounts; it is alleged that after securing a note for the amount of the medical account, signed by husband and wife, the company would then pay the physician 75 per cent of the amount of the note at once, but, if the company failed to collect the note, the physician was required to refund to the company not the 75 per cent of the face value that was advanced to him, but the entire face value, in order to take up the notes.

Association News

ANNUAL CONGRESS ON MEDICAL EDUCATION, LICENSURE AND HOSPITALS

Thirtieth Annual Meeting, held in Chicago, Feb. 12 and 13, 1934

DR. RAY LYMAN WILBUR, Stanford University, Calif., in the Chair

COUNCIL ON MEDICAL EDUCATION AND HOSPITALS

FEBRUARY 13—MORNING

Review of the Accomplishments of the Council on Medical Education and Hospitals

DR. RAY LYMAN WILBUR, Stanford University, Calif.: The impact of the laboratory on American medical education began to effect significant changes about the time the American Medical Association brought the Council on Medical Education and Hospitals into being. The Council has seen the continuous battle of the science of medicine with the practice of the art of medicine, the application of a myriad of new facts in the everyday life of the physician, the lengthening and strengthening of the medical course, the acceptance of the professional schools of medicine by many universities, the building of research institutions, medical schools and capacious hospitals, and a nation accepting the principle of preventive medicine and inaugurating public health measures based on controlled experiments and experience rather than on traditions and prejudices. The records of the Council show a revolution in method, organization and administration, carried on with the help of the organized medical profession. The laboratory began to knock at the door of every institution. It meant trained men, expensive instruments, adequate equipment, a lengthened curriculum. The American Medical Association, through THE JOURNAL, under the leadership of Dr. George A. Simmons, began to print educational numbers. It presented facts. With the assistance of the Council, a complete survey of medical education was made. The idea of classifying medical schools on a merit basis was brought forward.

A review of the accomplishments of the Council emphasizes certain outstanding inadequacies in present medical education. Medicine has kept up to date with scientific advance but is behind in response to the social changes brought about by industry and the application of science to all phases of social and governmental relationships. The American medical school and its associated hospitals have now reached the stage where a new national survey is required. Every institution should be again studied. A higher level has been reached. There is as great a gap between the best A schools and the weakest A schools as there was between the best and the worst of thirty years ago. This survey must include the following considerations: 1. A better development of graduate instruction so that all physicians may have available opportunity of keeping themselves up to date. 2. We must rid ourselves of the antique, the obsolete, and the unimportant in our medical courses. The curriculum must be stripped of all that is not essential. Our aim must be to train men how to practice medicine rather than to load them with great masses of information. 3. The newer social concepts for the care of the sick, and particularly the significance of preventive medicine, must be emphasized in the medical school. 4. There must be more adequate study of the normal with its many variations. 5. The teaching of obstetrics must go far beyond the ordinary technics and include the care of the mother for months before delivery. 6. The relationships of dentistry and of the nursing profession to medical education must be worked out. 7. Perhaps most significant of all is the need for dealing with psychology and aberrations of the mind from entirely new points of view. 8. Most careful study will be required of the relationships of the hospital to the medical school. The doctor of tomorrow will know the physiology of the normal human body, will be alert to changes that may take place, and will think in terms of keeping men well and efficient, rather than in terms of treating a patient during the progress of disease.

The Philosophy of Professional Licensure

JUSTIN MILLER, J.D., Durham, N. C.: The purpose of professional licensure is to secure to society the benefits that come from the services of a highly skilled group and, on the other hand, to protect society from those who are not highly skilled yet profess to be, or from those who, being highly skilled, are nevertheless so unprincipled as to misuse their superior knowledge to the disadvantage of the people. For the present, at least, society seems willing to permit the medical and legal professions to work out their own destinies and to use the method of licensure for further building up and strengthening our traditions of self government and public service. How long this attitude of society may prevail will undoubtedly depend on how convincing shall be our demonstration of willingness to render the highest degree of service.

The nature of professional service requires the existence of a relationship of trust and confidence. A professional man cannot treat such a relationship in a casual way, and the methods of licensure must be such as to insure the constant recruiting of men who are adequately trained to render skilled service and alert to accept the responsibility of protecting those whom they serve against spoliation. It is generally recognized as an obligation of a profession that it should render needed service to persons too poor to pay fees. In spite of the indifference of those professionals who are concerned solely with rendering service to paying patients, it is obvious that in the performance of the functions mentioned is to be found a safeguard for the future of our professions. So long as the public is convinced that the members of a profession will make available to it, at the earliest moment consistent with safety, every new discovery, the public will give its loyal support. Whenever the public suspects laziness, incompetence, or apparent unwillingness to assume responsibility for problems that have theretofore been assumed to lie within the field of a particular profession, it will look to others for help. Thus may be developed a new skilled service, or the public be despoiled by fakers. One of the greatest trials of the medical profession results from the encroachment of miracle working religionists and psychic and psychologic charlatans. And yet although it is generally known that many medical cases are mental rather than purely physical in character, and although it is authoritatively stated that over 50 per cent of hospital beds are devoted to mental and nervous cases, in some medical schools is found a strange resistance to the experimental work of psychology and stupid unwillingness to develop the field of psychiatry. Failure to do so is unfair to the public and to the profession.

With their backs to the wall, the lawyers, too, are now using the method which the church once used to protect their borderlands; i. e., laws prohibiting others than licensed practitioners from practicing law. These "unlawful practice acts" have been passed in a number of states. In some states they have been decisively defeated; a clear indication of loss of public esteem and evidence of lack of that faith which is necessary to guarantee popular support of a profession. Professions, like armies, succeed by using militant offensive tactics. Many of the teachers in professional schools today are men entirely lacking in the practical experience that comes from actual contact with the world outside of university communities. Some are frankly disinterested in the relation of their professions to society and are even disinterested in the practitioners themselves.

It is quite possible for us in the educational group not merely to discover for those in the licensure group ability of the type which has been tested in the past, but to answer almost any question one cares to ask concerning these neophytes who are in our care. With the backing which well regulated licensure gives, we can establish such standards of education as licensure

requires. The important question is whether those of us in whose hands now rests the destiny of the professions are really interested in the underlying philosophy of licensure and willing to establish the necessary procedures for properly determining, by adequate training and selection, those who are to follow us.

DISCUSSION

ALPHONSE M. SCHWITALLA, S.J., St. Louis: Any governmental authority necessarily labors under a series of all but prohibitive incapacities in fixing basic standards of selection for a profession. The governmental authority is at times vastly remote not only from professional idealism but all too often even from that professional service which licensure by its very concept is intended chiefly to promote, foster and develop for the public's welfare. The governmental authority is subject to the vacillation arising from political favor and disfavor. It is vested, and necessarily so, all too frequently in persons whose appreciation of professional life is limited to casual contact with members of the profession and among these all too frequently with the least representative members or at least with the less alert, less progressive and less capable members of the profession. Governmental authority, moreover, is concerned largely with the problems of integration of the claims and rights of one profession with those of another and even with the claims and rights of a profession with reference to the claims and rights of nonprofessional groups; and while these conflicting claims and rights must be recognized by the state, it can happen all too frequently that the safeguards for professional integrity may be jeopardized while the governmental authority under a temporary pressure is forced to give recognition to the nonprofessional interests. Corollaries without number but with enormous significance for a professional life follow from such conflicts. In general, I believe, it would be quite fully recognized that while the abstract right to establish standards of selection must be granted to a governmental agency, there will also be wide agreement on the principle that the state in establishing its basic standard of selection should not as a matter of prudence and as an evidence of its solicitude for the public welfare retain for itself the establishment of the criteria for licensure.

What should be the relation between the governmental authority and the members of the profession in laying down the basic standards for licensure? Have we reached a time when we are prepared to accept the principle that the standards for licensure should under the delegated authority of the government be formulated by and even administered by the foremost members of the profession? In medicine we have already recognized the National Board of Medical Examiners as a professional agency whose disinterestedness and idealism are so obvious that many of the state boards have taken success in passing these examinations as prima facie evidence of a marked eligibility for licensure. Graduation from an approved school of medicine has been suggested by some as a sufficiently effective selective procedure for establishing the qualifications for licensure. This suggestion is somewhat premature. The chief difficulties with this policy arise from the fact that even approved schools of medicine cannot or, at least, do not universally take the position that the medical curriculum is necessarily an educational agent for such professional development of the prospective physician as will entitle him to the rights and privileges of medical practice within a given state. Professional practice implies more than intellectual ability. Serious questions have been raised as to the value of merely intellectual achievement as a preparation for the art of medicine. I note that Dean Miller is at serious pains to show us that at Duke University the curriculum in law implies tests of character traits and moral fitness. Much more is the medical curriculum interpretable as a testing agency of character traits, social traits and moral traits. But the difficulties arise when we are confronted with the necessity of using such information as we have about a student. What school, if the truth must be told, has the courage to withhold its final approval of a student who after successfully passing through his examinations is still found to lack those traits of character which we all desire in our own personal physician? Is there not and will there not ever remain an extensive disagreement on the content of professional ideals and objectives? If the medical schools, which are in intimate touch with a student throughout the years of his preparation, find it difficult to pronounce on the eligibility of a student for practice, how much more difficult must it not be for a state board to determine such eligibility. The solution of this dilemma must ultimately lie in our basic philosophy of medical education. A school of medicine must clarify for itself its own ideals and objectives. It must submit these ideals and objectives to the public judgment so that the public may be aware of the school's claims. The school must be held responsible for putting into its curriculum as well as into its extracurricular influence that measure of educative pressure which will mold the plastic individuals subjected to it into ever stronger and better men who will carry the overpowering burden of responsibility for the nation's welfare. It would seem that the state board criteria for the eligibility for practice should contain not only the intellectual element which is tested so rigorously by the schools of medicine and by the state boards themselves but also a moral element for which the tests are still to be developed or which, if tests cannot be developed, must be taken for granted. If the state boards do not exercise firmly, disinterestedly and vigorously the power that has been vested in them in favor of or against those candidates whose eligibility or noneligibility has become apparent from such tests as are at our disposal, then all the refinements of modern psychology, of educational psychology, of vocational guidance, of confidential direction, are worse than useless. The state board must in the last analysis be made up of such men as are able to carry the public responsibility imposed on them.

Medical Education and Its Relationship to Society as a Whole

ROBERT G. SPROUL, LL.D., Berkeley, Calif.: It seems to be the accepted conclusion that there is today an oversupply of physicians in the United States. In any profession an oversupply of practitioners means a powerful temptation to low ethical standards induced by desperation. The law, encumbered with twice as many lawyers as are needed, has felt these effects, and on the commonwealth the effects have been disastrous. Medicine has not come through unscathed. Overcrowding has increased fee splitting, the promotion of unnecessary services or of necessary services in an unnecessary expensive fashion, illegal operations, the employment of "runners," and other sordid by-products of a noble profession. In combating these forces, far-reaching steps have been taken during the past quarter century. The number of medical schools has been reduced from 160, with 64 graduates per hundred thousand of population, to 66 schools, with 36 graduates per hundred thousand of population. The number of physicians trained has been reduced by 20 per cent although the contemporary increase in population has been 50 per cent, and the average age of the beginning practitioner has been raised from 22 to 28 years. Nevertheless the supply still far outstrips the demand. There is a strong movement, deliberately planned, to realize more fully the advantages of restriction. Studies are being made to show the number of physicians actually required to care adequately for our population. Plans are on foot, when these data are available, to decrease the number trained and licensed to practice medicine to the point at which supply and demand are reasonably equalized. In medicine, as in other fields, steps are being taken to limit the professional group, on the ground that discriminative selection is socially beneficial and that the individual is and ought to be of secondary consideration.

These developments are counter to the democratic ideal which has hitherto controlled in the United States. They will not be accepted without question by the American people. With 16,000 eligible candidates clamoring this year to enter the medical schools of this country and Canada, and the doors closed arbitrarily in the faces of all but 6,200, plans to exclude still more so as to train and license only as many as may find employment will not, we may be sure, prove acceptable to fond and irrational American parents. We Americans have believed so thoroughly that all men are created equal that we attempt to keep them so throughout their lives and are actually in grave danger of making mediocrity the national ideal. With such bases of selection as we now possess, we cannot be sure that our conclusions are not subversive of the best interests of society, because they may exclude very good prospects and welcome rather ordinary ones. What are we going to do about it? In

the first place, certain natural checks are already beginning to be operative. Few things more helpful to professional education could be done than to determine the approximate needs of the state respecting each profession, disseminate this information widely, and thereby, so far as possible, attain voluntary limitation of the numbers of candidates for professional work and a voluntary sorting of such candidates among the various professions. For all citizens up to a certain age level there should be a general training designed to raise the level of intelligence and to prepare them for living and making a living. This is the highly important task of the elementary and secondary schools, including the junior colleges. The university and the four year college should be for those who are attracted to and show proficiency in scholarship, either for itself or as preparation for a profession. Here the people should be satisfied with nothing less than the best attainable institutions and the best attainable students. A university's first duty in the professional field is to select and educate those who give promise of becoming the ethical and scholarly leaders. The training of adequate numbers must always be an important but secondary obligation. The general acceptance of these simple principles by the American people would save ages of time and fortunes of money without weakening the foundations of democracy. The second step should be in the direction of adjusting the distribution of medical service, in order that it may meet more fully the health needs of the public before further limitation of the number of medical school entrants or graduates is undertaken.

Some grumbling has been heard concerning the advanced age of medical graduates, but this seems to me inevitable, if not desirable. The overwhelming majority of medical graduates will practice the art rather than the science of medicine. They will need for success and happiness not only knowledge of the fundamental principles of science and of their application to other branches of knowledge but also a taste for history, philosophy, literature and art that will stamp them as cultured gentlemen. More physicians are failing because they are not the kind of person one wants to have around than because of a lack of technical skill.

There is imperative need for the reversal of the recent trends that have been separating the doctor from the individual and the family and have been bringing on medicine the criticism of treating diseases rather than human beings. Concentration on pathologic conditions has tended too much to obscure the normal human being and the preservation of the normal state of health. A general practitioner should be competent to take the complete responsibility for perhaps 90 per cent of all his practice. The University of California is placing special emphasis on the instruction of medical students in the normal physiology and biochemistry of the body. Our students are being taught to recognize health before sickness and to realize the interrelationship of the body's organs, especially those delicate balances of the life processes that exist between the nervous and the mental, in one scale, and the physical, in the other. Only when they have become well acquainted with health are students introduced to those deviations from the normal which produce sickness. To facilitate this manner of approach, fourth and fifth year students are obliged to assume entire responsibility for patients. Instead of looking on while their instructors make decisions, they are required to make the decisions themselves. Students are discouraged from too early specialization: they are encouraged instead to learn to use specialists in connection with a general practice. In the coming era, doctors must face social responsibility for the community and act as trustees for society in planning their objectives. Thus will medicine be strengthened and extended and implemented to serve a larger constituency on a basis that will yield adequate returns to its practitioners.

All the sciences are leading up to a better understanding of the laws of life and a consequent improvement of the physical, mental and moral powers of man. Medicine, preventive and curative, promises to do more and more for human welfare. If legislation and civil administration will keep up with science, if knowledge can be controlled by ethical standards and applied with temperance, if the organizations and attitudes that you and I represent can be given support, encouragement and opportunity, there is no reason why the community of tomorrow may not be altogether free from most of the foes which in this and former generations have slain their tens of thousands.

DISCUSSION

DR. E. P. LYON, Minneapolis: I was struck by the discussion of the alleged right of the student to pursue a medical course or any other course. I could make a strong case for denying this right, on the basis of social rights generally, but I prefer to make the claim that no student has a right to this on the same basis as automobiles or trips to Europe. No student has a right to something more than half the expense of which rests on the public. I think there is need for a great deal more clarity as to what our rights of education are. Those rights are of recent origin. I may look on any public thing and say "I partly own this fire station, I partly own this army camp," but to go into that fire station or army camp and use the facilities there is not my right; it is the right of people chosen to use them. I think that principle will hold in regard to a hospital and its facilities and opportunities for education. I think every dean here will say his chief business is the training of general practitioners. But if it is implied that the education of specialists, of public health people, of researchers should be a separate function, then I wish to demur. I think the education of specialists with general practitioners is a good thing, and I can demonstrate it from experience. I am sure that the carrying on of research as a part of the program of a medical school and as accessory to its teaching is what gives spirit and gives something more than the application of the so-called practical to the man who goes out.

The Restoration of the General Practitioner

DR. DEAN LEWIS, Baltimore: This article appears in full in this issue, page 977.

DISCUSSION

DR. JAMES B. HERRICK, Chicago: The general practitioner of the old type cannot and will not be put back, and I do not think the old type practitioner should be put back in the present condition of medical knowledge. The general practitioner of the old type has passed very largely, and he had to pass. The mass of medical knowledge that came on the world a few decades ago was so huge that it made it impossible for any one mind to grasp it all or to practice in accordance with that knowledge. The day, in other words, of the know-all doctor and the do-all doctor has passed. There is another reason why the old type medical practitioner cannot be reestablished. People have become health conscious; they know a great deal more about medicine than they formerly did, and they are demanding not an average type of medical service but the best. They go where they think they get it. They are apt to go to the specialist, and the good roads, the telephone and the automobile make it a simple thing for them to do that. I object, as Dr. Lewis does, to the term "general practitioner." We cannot restore, by resolution, a practitioner to his former position. He must restore himself, and he is doing it. There is developing a new type of family doctor, and that type is going to succeed if he is qualified and only if he is qualified. The qualities that are going to count are character, energy and personality. The other qualification is that he must possess knowledge that he gets by study, by the guidance of teachers in college, during his internship and, what so many practitioners forget, by studying long and hard through the years of practice. There is a good deal of overstandardization in medical schools. Dr. Lewis is right when he says that there are a great many unnecessary nonessentials that are dwelt on. Teachers should stress more the essentials and fundamentals. Somewhere in the undergraduate course there should be not an opportunity for a man to do intensive work on some one subject, but he should be compelled to do it. Many medical graduates do not know the meaning of the word "thorough"; but when a man has gotten away from his textbooks and has been forced to look at monographs and original articles and to look in the laboratory at the section under the microscope and to attend the postmortem and has gone as deeply into the subject as the time and opportunity will permit, he is a far safer man in the community than the man that we have to dub "mediocre," who is versed simply in the essentials. I know of no more dangerous man in the community than the mediocre practitioner who does not know his own limitations, who does not know the limitations of method, the dangers and limitations of an operation. The third requirement is that the practitioner should be qualified in the art of medicine,

his ability to apply knowledge, which he learns by experience at the bedside. I have no quarrel with the research man; but practitioners are not going to learn how to practice in the research laboratory or in the library. The best textbook for the practitioner of medicine is the patient. Albert said that practitioners are made at the bedside. Neisser said that pathology is the mistress of us all. Osler said "To study the phenomena of disease without books is to sail an uncharted sea, while to study book without patients is not to go to sea at all."

(To be continued)

MEDICAL BROADCASTS

National Broadcasting Company

The American Medical Association broadcasts on a coast-to-coast network each Monday afternoon from 4 to 4:15 Central standard time (5 o'clock Eastern standard time, 3 o'clock Mountain standard time, and 2 o'clock Pacific standard time.)

The next three broadcasts will be as follows:

April 2. What Is Health? W. W. Bauer, M.D.
April 9. Peculiar Accidents, W. W. Bauer, M.D.
April 16. Bird with a White Breast, W. W. Bauer, M.D.

Columbia Broadcasting System

The Association broadcasts on a Western network of the Columbia Broadcasting System each Thursday afternoon on the Educational Forum from 4:30 to 4:45 Central standard time. The next three broadcasts will be as follows:

April 5. "Smog," W. W. Bauer, M.D.
April 12. Pretty Polly, W. W. Bauer, M.D.
April 19. More Health Delusions, W. W. Bauer, M.D.

Medical News

(PHYSICIANS WILL CONFER A FAVOR BY SENDING FOR THIS DEPARTMENT ITEMS OF NEWS OF MORE OR LESS GENERAL INTEREST: SUCH AS RELATE TO SOCIETY ACTIVITIES, NEW HOSPITALS, EDUCATION, PUBLIC HEALTH, ETC.)

ALABAMA

State Medical Meeting at Birmingham, April 17-19.—The sixty-seventh annual session of the Medical Association of the State of Alabama will be held in Birmingham, April 17-19, under the presidency of Dr. James R. Garber, Birmingham, and with the Jefferson County Medical Society as host. A pre-convention meeting will be held in Tuscaloosa, April 16, under the auspices of the Tuscaloosa County Medical Society. The following symposiums are included on the program of the regular meeting:

BRONCHIECTASIS

Dr. Allan W. Blair, Tuscaloosa.
Dr. Edgar G. Givhan, Jr., Birmingham.

ANEMIAS OF EARLY INFANCY

Dr. George S. Graham, Birmingham.
Dr. Benjamin Hughes Kennedy, Jr., Birmingham.
Dr. Charles E. Abbott, Jr., Tuscaloosa.

STOMACH AND DUODENAL ULCER

Dr. Edward S. Sledge, Mobile.
Dr. Isaac M. Gravlee, Mobile.
Dr. Lloyd Noland, Fairfield.
Dr. Seale Harris, Birmingham.

CANCER

Dr. Karl F. Kesmodel, Birmingham.
Dr. Marion Toulmin Gaines, Mobile.
Dr. Joseph Alston Maxwell, Tuscaloosa.
Dr. Neal E. Sellers, Anniston.

MEDICAL ECONOMICS

Dr. Bert W. Caldwell, Chicago.
Dr. Rosco G. Leland, Chicago.

Other guest speakers will include Drs. Jay Arthur Myers, Minneapolis, on "Diagnosis, Treatment and Prevention of Tuberculosis"; James R. McCord, Atlanta, Ga., "Syphilis and Pregnancy"; Russell L. Cecil, New York, who will give the Jerome Cochran Lecture on "The Present Trend in the Study of Arthritis and Rheumatic Diseases," and Morris Fishbein, editor of THE JOURNAL, Chicago, who will address a public meeting Wednesday evening on "The Trend of the Times." Other speakers will include Dr. James P. Collier, Birmingham, on "Common Indications for Splenectomy," and James G. McAlpine, Ph.D., Montgomery, "Undulant Fever." The title of Dr. Garber's presidential address is "The Physician as Scholar and Statesman." The presentation at the Birmingham Little Theater of a three act play, "Men in White," with the compliments of the Jefferson County Medical Society, will conclude the session.

CALIFORNIA

Dr. Moodie Dies.—Roy Lee Moodie, Ph.D., anatomist and paleontologist, died in Hollywood Hospital, February 16, following a fall on a cement floor. Born in Kentucky in 1880, he received his bachelor's degree at the University of Kansas in 1905 and the degree of doctor of philosophy from the University of Chicago in 1908. He held teaching positions in biology and zoology from 1908 to 1913, in which year he became professor of anatomy at Baylor University, Dallas, Texas. He was identified with the University of Illinois College of Medicine from 1914 until 1923, first as instructor in anatomy and finally as associate professor. Following a sabbatical year spent in research in southern California, he continued with the University of Illinois as associate professor of anatomy and research librarian until 1928, when he became professor of paleontology at the University of Southern California College of Dentistry. He had written several volumes on his specialty.

Health Insurance Proprietor Sentenced.—Harry Kramer, head of five racketeering health insurance associations, must serve from one to two years in San Quentin Prison, according to newspaper reports. Sentence was passed, March 3, by Superior Judge Fred V. Wood of Alameda County. In addition, Kramer was fined $5,000. E. L. Knotts, one of his salesmen, who had also pleaded guilty, was fined $200 and sentenced to serve ten months in the county jail. Harry Blankenstein, another salesman, went on trial, March 20, following his plea of not guilty. Sixteen other alleged agents are fugitives under indictment, the report stated. Kramer admitted that during three years' operations of his companies only $71.05 was paid out in health and accident claims. He also admitted that he had no reserve fund from which to pay claims. During ten months of 1933, he collected $8,934 from clients. An article describing some of the California health insurance schemes appeared in THE JOURNAL, March 24, page 935.

DELAWARE

Bill Introduced.—H. 124 X proposes that both parties to a prospective marriage, as a condition precedent to the issue of a license to wed, must present to the official authorized to issue such a license a certificate from a licensed physician that both parties are free from syphilis, gonorrhea and tuberculosis.

Society News.—Dr. Robert F. Ridpath, Philadelphia, discussed sinusitis before the New Castle County Medical Society, March 20. The society was also addressed by Drs. Ira Burns on "Atelectasis and Collapse of the Lungs" and Robert W. Tomlinson, Wilmington, "Galactose and Levulose in Liver Function." Dr. Ralph M. Tyson, Philadelphia, spoke, February 20, on "Infant Feeding and Nutrition."

DISTRICT OF COLUMBIA

University News.—Dr. Edward Francis of the National Institute of Health gave the February lecture in the Smith-Reed-Russell series at George Washington University School of Medicine, on "Study and Control of Tularemia." Dr. John M. Wheeler, New York, delivered the March lecture, on "Exophthalmos." Dr. Elliott P. Joslin, Boston, addressed the students, February 12, on diabetes.

Personal.—Dr. William P. Herbst, Jr., has been appointed professor of clinical urology at Georgetown University School of Medicine and chief of the Georgetown urologic service of the Gallinger Municipal Hospital. Dr. Herbst graduated at Georgetown in 1915. He was formerly associated with the University of Minnesota School of Medicine.——Dr. Daniel J. Finucane has been appointed superintendent of the new Children's Tuberculosis Sanatorium being erected near Glendale, Md.——Dr. Joseph L. Gilbert was recently appointed alienist of the District of Columbia.

Health at Washington.—Telegraphic reports to the U. S. Department of Commerce from eighty-six cities with a total population of 37 million, for the week ended March 17, indicate that the highest mortality rate (21.6) appears for Washington, and the rate for the group of cities as a whole was 12.6. The mortality rate for the corresponding period last year for Washington was 15.6, and for the group of cities as a whole, 12.1. The annual rate for eighty-six cities for the eleven weeks of 1932 was 12.7, as against a rate of 12.4 for the corresponding period of the previous year. Caution should be used in the

interpretation of these weekly figures, as they fluctuate widely. The fact that some cities are hospital centers for large areas outside the city limits or that they have a large Negro population may tend to increase the death rate.

ILLINOIS

Society News.—Dr. Géza de Takáts, Chicago, spoke before the Sangamon County Medical Society, March 1, on "Diagnosis and Management of Peripheral Vascular Disease."——At a meeting of the McLean County Medical Society in Bloomington, March 14, Dr. Dean Lewis, Baltimore, President, American Medical Association, discussed "Differential Diagnosis of Tumors of the Breast."——A discussion of pneumonia was presented at the meeting of the LaSalle County Medical Society, February 23, by Drs. William S. Middleton and Joseph W. Gale, Madison, Wis.——Speakers before the Madison County Medical Society in Highland, March 2, were Drs. Duff S. Allen and Julius Jensen, St. Louis, on "Thyroidectomy in Decompensated Heart Disease" and "The Thyroid as the Regulator of the Circulatory System," respectively.——Dr. Frank Smithies, Chicago, addressed the Mason County Medical Society, Decatur, February 23, on amebiasis.——At a meeting of the Will-Grundy County Medical Society, March 21, Dr. Oscar T. Schultz, Evanston, spoke on "Agranulocytosis."——The Fulton County Medical Society was addressed at Canton, March 21, by Dr. Robert W. Keeton, Chicago, on diabetes.——Dr. James A. Warner, St. Louis, discussed bacterial diseases before the Williamson County Medical Society in Herrin, March 13.

Chicago

Society News.—The Chicago Urological Society was addressed, March 22, by Drs. Robert H. Herbst and George O. Baumrucker, among others, on a colorimetric test for renal function.——Speakers before the Chicago Society of Internal Medicine, March 26, included Dr. M. Herbert Barker on "Alveolar Oxygen Saturation by Nasal Catheter and Tent Administration."

INDIANA

Society News.—At a meeting of the Tippecanoe County Medical Society, Lafayette, March 8, Dr. Howard C. Ballenger, Chicago, spoke on the ear, nose and throat in general medicine.——Speakers before the Jay County Medical Society in Portland, March 2, were Drs. James M. Pierce and Carl A. Koch, Cincinnati, on "Postpartum Care" and "Postnatal Care and Birth Injuries."——Dr. Herman L. Kretschmer, Chicago, discussed "Changing Trends in the Treatment of Bladder-Neck Obstruction" before the St. Joseph County Medical Society in South Bend, February 21.——Dr. Harry O. Jones, Berne, talked on obstetrics before the Adams County Medical Society, February 24.——At a meeting of the Vermillion County Medical Society, February 21, Dr. Gordon W. Batman, Indianapolis, spoke on "Fractures and Dislocations."——Dr. George A. Collett, Crawfordsville, spoke before the Fountain-Warren County Medical Society in Hillsboro, February 1, on "Early Diagnosis of Acute Appendicitis."——At a meeting of the Jasper-Newton County Medical Society in Morocco, January 26, Dr. Benjamin H. Orndoff, Chicago, discussed radiation therapy with special reference to cancer of the breast.——Dr. Joseph L. Baer, Chicago, addressed the Elkhart County Medical Society in Elkhart, February 8, on "Normal Obstetrics in General Practice."——Speakers before the Shelby County Medical Society, March 7, were Drs. Alois B. Graham and Joseph W. Ricketts, both of Indianapolis, on "Care of Rectal Diseases by the General Practitioner" and "Cancer of the Rectum," respectively.——Dr. William H. Olmstead, St. Louis, discussed "Early Changes of Arteriosclerosis in the Human Body" before the Vanderburgh County Medical Association, February 13.

IOWA

Society News.—Dr. Frank M. Conlin, Omaha, addressed the Woodbury County Medical Society, February 15, in Sioux City, on "A Statistical Study of 616 Cases of Diabetes, with Particular Reference to Surgical Complications."——Dr. Leo G. Rigler, Minneapolis, addressed the Cerro Gordo County Medical Society, February 20, on "Benign and Malignant Tumors of the Stomach from the X-Ray Standpoint."——At a meeting of the Clinton County Medical Society in Clinton, March 1, Dr. Clifford J. Barborka, Chicago, spoke on "The Present Conception of the Relation of Diet to Health and Disease."——Dr. Nathaniel G. Alcock, Iowa City, spoke before the Black Hawk County Medical Society, March 20, on renal malignancies.——Dr. John H. Musser, New Orleans, will address the Linn County Medical Society, April 13, on treatment of the anemias.

KANSAS

Dr. Scammon Gives Porter Lectures.—Richard E. Scammon, Ph.D., dean of medical sciences, University of Minnesota School of Medicine, Minneapolis, will deliver the Porter lectures of the University of Kansas School of Medicine, April 2-3. One lecture will be given at Lawrence and the other two at Kansas City. The lecture at Lawrence is to be of a semipopular nature, the other two more technical. The titles are "The Plague in Western Europe" (Kansas City); "The Guild of Medicine" (Lawrence), and "How Measurement Came Into Medicine" (Kansas City). In 1918 the late Dr. Joseph L. Porter, Paola, bequeathed to the school about $30,000 to found a fellowship and for such other purposes as the medical faculty recommended. A portion of the income of this fund has been used to support an annual series of lectures, known as the Porter Lectureship in Medicine. The first course was given in 1930 by Dr. Lewellys F. Barker, Baltimore; the second by Dr. Joseph Collins, New York, and the third by Dr. John Shelton Horsley, Richmond, Va.

KENTUCKY

Bills Enacted.—The following bills have become law without the governor's approval: H. 388 forbidding the possession or sale of marihuana, except on the prescription of a licensed physician, dentist or veterinarian; and H. 662, the uniform narcotic drug act.

Extension Lectures.—Drs. Joseph Garland Sherrill and Philip F. Barbour, Louisville, gave a group of extension lectures in the series sponsored by the Kentucky State Medical Association at Greenville, February 1. Dr. Sherrill discussed cancer of the breast, peptic ulcer, complications of gallbladder disease and appendicitis; Dr. Barbour, eczema and asthma, relation of chorea to rheumatism, juvenile tuberculosis and problems of adolescence.

MARYLAND

Personal.—Associates of Dr. Harry Friedenwald, emeritus professor of ophthalmology, University of Maryland School of Medicine, Baltimore, gave a surprise dinner in his honor, February 3. About forty physicians were present, including members of the staff of the Baltimore Eye, Ear and Throat Hospital, where Dr. Friedenwald has been associated for thirty-six years.

Baltimore Health Record.—The year 1933 achieved the lowest death rate Baltimore has known, 13.05, as against 13.13 in 1932. A new record of 60.6 was also established for infant mortality as compared with 62 for 1932. Smallpox has been absent from Baltimore for the last four years. The year also marked new low death rates for diphtheria (0.7 per hundred thousand of population) and typhoid (0.36). The tuberculosis death rate was 78.2 as compared with an earlier rate of 86.2. The six leading causes of death in the city for 1933 were heart disease, chronic nephritis, cancer, pneumonia, cerebral hemorrhage and tuberculosis.

MICHIGAN

Personal.—Dr. James T. Redwine was recently appointed superintendent of the Michigan Farm Colony for Epileptics at Wahjamega.——Dr. John W. Handy, Flint, was guest of honor at a dinner given by the Genesee County Medical Society, February 14, in observance of his completion of fifty years in the practice of medicine. Speakers included Drs. Walter H. Winchester, Charles H. O'Neil, Ray S. Morrish and Dr. Handy.——Dr. James A. Olson has been named school physician of Flint, succeeding Dr. Stephen M. Gelenger, who has resigned to accept a position with the Herman Kiefer Hospital, Detroit.——Dr. Augustine T. Holcomb, Novi, recently completed fifty years as a practicing physician.

MINNESOTA

Hospital News.—A sanatorium for tuberculosis patients, to cost $250,000, will soon be constructed by the federal government on a site of forty acres near Walker. The property was recently deeded to the government, it is reported.

Symposium on Cancer.—The occurrence of cancer in private practice and the available means of treatment will be the theme of the annual symposium on cancer of the Minneapolis Surgical Society in the Hennepin County Medical Society Auditorium, Minneapolis, April 5. Introductory remarks will be offered by Drs. Kenneth Bulkley, president, and James Frank Corbett. Dr. Ivar Sivertsen will present a report of the survey of the incidence of cancer in Minneapolis and of cases treated in private practice. Reports of roentgen therapy

as an adjunct to surgery and of facilities for high voltage roentgen therapy in Minneapolis will be presented by Dr. Arthur A. Zierold in collaboration with Drs. Russell W. Morse, Walter H. Ude, Gustaf T. Nordin and Robert G. Allison. Dr. Martin Nordland will present the report on the use of radium as an adjunct to surgery and of facilities for radium therapy in Minneapolis, with the following collaborators: Drs. William T. Peyton, Lawrence M. Larson, Charles R. Drake, Aloysius S. Fleming and Samuel E. Sweitzer. Concluding the program will be an open forum report of five year cases by members of the society, only patients free from signs or symptoms five years after removal of a malignant growth to be included.

MISSISSIPPI

Bill Enacted.—H. 553 has become a law, authorizing the board of supervisors of Harrison County to make a general levy, not to exceed one half of one mill, on all the taxable property in the county, to provide funds for charitable hospital purposes.

NEVADA

Society News.—A symposium on cancer of the breast constituted the meeting of the Washoe County Medical Society in Reno, February 13; speakers included Drs. Lawrence Parsons; George Stevenson Sharp, Pasadena, Calif., and Alson R. Kilgore, San Francisco. January speakers were Drs. Alfred W. Macpherson, Sparks, and Albert R. Da Costa, Jr., Reno, on "Spinal Anesthesia" and "Ideal General Anesthesia," respectively.

NEW JERSEY

Bill Enacted.—A. 132 has been enacted as Chapter 40, Laws 1934, providing that nothing in the state emergency act shall be construed to prohibit or limit any licensed physician occupying a position as a state, county, municipal or school physician from being compensated by the state for the care and treatment of emergency relief patients.

Record Low Death Rate.—New Jersey attained the lowest death rate in the history of the health department in 1933, 10.03 per thousand of population. The rate for diphtheria, 1.2 per hundred thousand, and that for tuberculosis, 54.9, were the lowest ever reached for those diseases. Infant mortality was 46.5 per thousand live births, the lowest rate ever reached. Cancer deaths occurred at a rate of 115.8 per hundred thousand of population, and deaths from automobile accidents increased from 1,158 in 1932 to 1,207 in 1933.

Bills Introduced.—S. 207, to supplement the medical practice act, proposes to require the board of medical examiners to examine for a license to practice medicine and surgery without restriction any holder of a limited license "who shall have heretofore completed a four year high school course of study, or its equivalent, and shall have heretofore studied in a legalized incorporated college or colleges during at least two different calendar years the subjects of physics, chemistry (organic and inorganic, including laboratory work in both), pathological chemistry, English composition and literature, American and European history, bacteriology (both in class and laboratory), psychology and sociology, and who shall have heretofore for a period of not less than five years studied under the supervision of and consulted with a graduate medical doctor holding the degree of M.D." A. 373 proposes to appropriate $10,000 to the state department of health for the purchase of diphtheria toxoid and/or toxin or antitoxin and smallpox vaccine. The department is to distribute these antitoxins and vaccines free in accordance with its rules and regulations.

NEW YORK

Bills Passed.—A. 1377 has passed the assembly, proposing to prohibit a corporation from using the word "Doctor" or "Dr." as a part of its corporate name. S. 348 has passed the senate, proposing to make it unlawful for any person to give any false call for a physician or hospital.

Bills Introduced.—S. 1377 and A. 1873, to amend the workmen's compensation act, propose to authorize the industrial commissioner to establish a schedule of charges and fees for medical treatment and care rendered injured employees. This schedule is to be prepared by the commissioner on the recommendations of the state medical society, but he is to give consideration also to the opinions of other interested parties. A. 1858 and S. 1376 propose to create a state commission, to consist of two members of the senate, two members of the assembly and two members to be appointed by the governor, to make a comprehensive study of the narcotic habit-forming drug problem and of the federal and state laws relative to narcotic drugs. S. 903, to amend the public health law in relation to sanitary regulations and amendments to the sanitary code, proposes that except in case of a public emergency no sanitary regulation shall be adopted by the public health council or by the commissioner of health which shall in any way curtail or limit the sale of milk or cream because such milk or cream is obtained from cows suffering from Bang abortion disease, until such time as provision has been made for the disposal or destruction of such cattle and the payment of indemnity therefor to the owners thereof. A. 1357 proposes to make it a felony for any physician, by operation or otherwise, to change wilfully the markings of a finger or thumb of any person so as to affect such person's finger prints. This proposed law, however, is not to apply to cases in which an operation is necessary to repair a deformity caused by congenital malformation, disease or accident. A. 1719 proposes that no nurse employed in any state, county or city hospital or in any hospital supported in whole or in part by public funds shall be allowed to work more than eight hours in any one day, and eight consecutive hours of work in any twenty-four hours is to constitute a legal day's work for any such nurse. S. 1375 and A. 1824, to amend the law relating to registered nurses, propose to require applicants for such registration to be citizens of the United States.

New York City

Anesthetists Honor Dr. Matas.—The American Society of Regional Anesthesia celebrated its tenth anniversary, February 27, with a meeting in honor of Dr. Rudolph Matas, New Orleans, a pioneer in the introduction and advancement of modern nerve block technic. Dr. Matas addressed the society on "Local and Regional Anesthesia: A Retrospect and Prospect."

University News.—Dr. Jean R. Oliver, professor of pathology, Long Island College of Medicine, has received a grant of $1,000 from the Josiah Macy, Jr., Foundation for continued studies on the pathology of Bright's disease.——A plaque of the late Dr. Virgil P. Gibney, made by one of his former patients, was presented to the College of Physicians and Surgeons, Columbia University, December 9, by the class of 1898. Dr. Gibney was a member of the faculty from 1890 to 1917. —— Robert Thorne, president of the Neurological Institute since 1924, died of pneumonia, March 6, aged 69. Mr. Thorne, an attorney, directed a campaign in 1927 to raise funds for the new building, which is now a part of the Columbia University-Presbyterian Medical Center.

Memorial to Dr. Salmon.—A bas-relief portrait of the late Dr. Thomas W. Salmon was presented to the New York Psychiatric Institute and Hospital, Columbia-Presbyterian Medical Center, January 27, by the Thomas William Salmon Memorial Committee. Dr. Clarence O. Cheney, director of the institute, presided at the ceremony, Dr. William L. Russell, professor of psychiatry, Cornell University Medical College, made the presentation, and Dr. Frederick W. Parsons, Albany, commissioner of the state department of mental hygiene, accepted the memorial in the name of the state. Governor Lehman sent a message pointing out that it was largely through Dr. Salmon's efforts that the state and the university joined forces to establish the institute. On the memorial tablet is the following inscription:

Professor of Psychiatry Columbia University, 1921-1927, Beloved Physician Teacher Mental Hygiene Leader Whose Vision Guided the State and the University in Placing Here This Psychiatric Institute and Hospital.

NORTH CAROLINA

Hospital News.—A twenty bed hospital, equipped for general medical and surgical treatment, was opened, Nov. 16, 1933, at Murphy by Dr. Robert W. Petrie.

Professor Appointed.—Dr. Raymond S. Crispell, Kingston, N. Y., has been appointed associate professor of neuropsychiatry at Duke University School of Medicine, Durham. A graduate of Cornell University Medical School in 1920, Dr. Crispell has served on the staff of Bloomingdale Hospital, White Plains, N. Y., Bellevue Hospital, New York City, and as medical director of Sahler Sanitarium, Kingston.

Society News.—Dr. H. Kennon Dunham, Cincinnati, addressed the Mecklenburg County Medical Society, Charlotte, February 6, on "Clinical Aspects of Pulmonary Emphysema." Dr. Clyde M. Gilmore, Greensboro, was the guest speaker, January 16, on "The Present Conception of Coronary Disease." ——Dr. Alva B. Craddock discussed amebic dysentery at the meeting of the Buncombe County Medical Society, Asheville, February 5. The speaker, January 15, was Dr. Joseph B. Greene, on cancer of the larynx.——Dr. Addison G. Brenizer, Charlotte, was guest speaker before the Guilford County Medical Society, Greensboro, January 3, on "Anastomosis of the Gastro-Intestinal Tract with the Use of the Pile Clamp."

OHIO

Dr. Sollmann Honored.—The staff of Western Reserve University School of Medicine, Cleveland, gave a luncheon in honor of the sixtieth birthday of Dr. Torald H. Sollmann, dean of the medical school, February 10, at the Cleveland Club. A decorated parchment manuscript in a pinseal folder hand tooled in gold was presented to Dr. Sollmann, inscribed with a tribute written by Dr. Howard T. Karsner and signed by his associates. Dr. Sollmann, a native of Germany, was graduated from Western Reserve in medicine in 1896 and has served as a member of the staff continuously. He was made professor of pharmacology in 1904 and dean in 1928.

New Health Commissioners.—Dr. Hazel L. Sproull, West Union, has been appointed health commissioner of Adams County, succeeding Dr. Samuel J. Ellison, who had served fourteen years.——Dr. Charles E. Thompson, Mingo, has been appointed health officer of Champaign County after a lapse of several months in which the county was without a health head because of lack of funds.——Dr. Francis M. Teeple, Fremont, has been named health officer of Sandusky County.——Dr. James B. Naylor, Malta, recently resigned as health officer of Morgan County and was succeeded by Dr. Arnold O. Abraham, McConnelsville.——Dr. Frederick S. McGee was appointed health commissioner of Marietta in January.——Dr. Frank R. Dew, Barnesville, health officer of Belmont County for eleven years, has retired from the office.——Dr. William L. Faul, Russellville, has succeeded Dr. John G. Anderson, Fayetteville, as health officer of Brown County.

OREGON

Physician Sentenced.—Dr. Richard Neubauer, Portland, was sentenced recently to seven years in the United States Penitentiary, McNeil Island, Wash., for violation of the Harrison Narcotic Act.

State Board of Health Elects.—Officers of the state board of health elected in Portland in February are Drs. Albert Mount, Oregon City, president; Joseph P. Brennan, Pendleton, vice president, and Frederick D. Stricker, Portland, secretary.

Society News.—Dr. Salvatore P. Lucia, San Francisco, addressed the Portland Academy of Medicine, February 8, on "Diagnosis of Conditions Presenting Enlargement of the Spleen."——Drs. Emil D. Furrer and Arthur F. Barnett, Eugene, addressed the Central Willamette Medical Society, Eugene, February 1, on "Present Day Uses of Vaccines and Serums" and "X-Ray and Radium Therapy in Malignancy," respectively.

PENNSYLVANIA

False Claim of Graduation.—It is reported that a man named Andrew A. Stamatiades claiming to be a graduate of Columbia University College of Physicians and Surgeons has been serving as intern at a hospital in Pennsylvania. Inquiry of the university revealed that a man by that name had taken several courses there in 1929 and failed in them all. It was reported in 1931 that he returned to the medical school and attended classes for a time without being registered; when this was discovered, doormen were ordered not to admit him.

Anthrax in Delaware County.—Several cases of anthrax occurred in the mill village of Sackville, Delaware County, within the past year. The state health department reports that all the cases were contracted within the mill or its immediate environs. About half the 200 inhabitants of Sackville worked in the woolen mill. The first case of anthrax, which occurred in March 1933, was fatal, and the six persons infected since that time have recovered. Antitoxin was given in all cases, extra large doses being given in the six later cases. All cases were in mill workers except two in children who were found to have played about the mill in spots where waste had been incompletely incinerated. Through the cooperation of the state department of labor and industry, safety appliances in the mill were reviewed and necessary improvements were made.

Philadelphia

Interns' Night.—The Philadelphia County Medical Society designated its meeting, March 14, as "interns' night, intended as a stimulus to and appreciation of all interns." From the Philadelphia General Hospital, speakers were Drs. Albert Behrend, on "Pneumothorax in Pneumonia"; John L. Armbruster, "Diabetes: The Patient, Physician and Hospital"; James Greenwood, Jr., "Hypoglycemia as a Cause of Mental Symptoms," and Jack W. P. Love, "Preliminary Report of the Clinical Application of Bacteriophage." From the Episcopal Hospital, Dr. Webster H. Brown spoke on "Treatment of Fractures of the Lower Third of the Leg" and from Pennsylvania Hospital, Dr. John C. Ullery, on "Favism."

RHODE ISLAND

Record Low Mortality Rate.—Rhode Island's death rate in 1933 was 11.1 per thousand of population, the lowest ever recorded since reliable statistics have been kept, the state public health commission reports. Similarly the infant mortality rate, 55.9 per thousand live births, and the birth rate, 14.4 per thousand of population, were the lowest ever known. For the first time since 1879, no deaths from measles were reported in 1933.

Bills Introduced.—S. 177, to amend the medical practice act, proposes that in an appeal from an order of the board of medical examiners refusing to issue or revoking a license to practice medicine, the supreme court may review the evidence presented before the board and may in its discretion affirm, overrule or modify the order of the board, but the order shall remain in full force and effect during the pendency of the appeal. H. 816 and S. 141 propose to give to every hospital supported in whole or in part by charitable contributions or endowments, which cares for a person injured through the negligence of another, a lien on all claims, rights of actions, judgments, settlements or compromises accruing to such person by reason of his injuries.

SOUTH CAROLINA

Bill Passed.—S. 1698 has passed the senate, authorizing the sexual sterilization of inmates of state institutions who are afflicted with any hereditary form of insanity that is recurrent, idiocy, imbecility, feeblemindedness or epilepsy.

TENNESSEE

State Meeting at Chattanooga, April 10-12.—The annual meeting of the Tennessee State Medical Association will be held in Chattanooga, April 10-12, under the presidency of Dr. Hiram B. Everett, Memphis. A feature of the meeting will be a symposium on management of common traumatic cases, in which participants will be Drs. William Battle Malone, Memphis; Edward T. Newell, Chattanooga; Duncan Eve, Jr., Nashville, and Edgar F. Fincher, Atlanta, Ga. Guest speakers in addition to Dr. Fincher will be Drs. Rosco G. Leland, director, Bureau of Medical Economics, American Medical Association, Chicago, on "Causes of Professional Unrest"; Fred W. Rankin, Lexington, Ky., "Diagnosis and Prognosis Following Treatment of Cancer of the Rectum," and Henry F. Vaughan, Dr.P.H., Detroit, "Preventive Medicine from the Family Physician." Among Tennessee physicians listed on the tentative program are:

Dr. Frank Alloway, Kingsport, Peroral Endoscopy and Gastroscopy.
Dr. Cassius W. Friberg, Johnson City, Fetal Indications for Termination of Pregnancy.
Dr. Oliver W. Hill, Knoxville, Purulent Pleuritis in Children.
Dr. Marcus G. Spingarn, Memphis, Perinephritic Abscess.
Dr. James W. McClaran, Jackson, Postoperative Pulmonary Complications: Review of the Literature.
Dr. George R. Livermore, Memphis, Abdominal Pain, A Symptom Often Referable to the Kidney.
Dr. Joseph P. Gilbert, Nashville, Psychopathic Personalities and the Law.
Dr. William C. Dixon, Nashville, Surgical Treatment of Uterine Prolapse.

The Tennessee State Pediatric Association and the Tennessee Academy of Ophthalmology and Otolaryngology will hold their annual meetings, Monday, April 9. The annual banquet will be at the Hotel Patten, Wednesday evening, April 11.

TEXAS

New Societies Organized.—Physicians of Cass and Marion counties recently organized the Cass-Marion Counties Medical Society to take the place of the Cass County society. Meetings will be held alternately in Linden and Jefferson. Dr. Charles E. Davis, Linden, was elected president and Dr. Joe D. Nichols, Atlanta, secretary.——The Scurry-Dickens-Kent Counties Medical Society at a meeting in Snyder, January 11, voted to surrender its charter and ask for a charter embracing in addition Borden, Garza, King and Stonewall counties. Dr. William R. Johnson, Snyder, was elected president and Dr. Harry E. Rosser, Snyder, secretary.——The Tom Green County Medical Society voted at a meeting in San Angelo, Dec. 19, 1933, to surrender its charter and petition the state association for a charter embracing the counties of Tom Green, Coke, Crockett, Concho, Irion, Sterling, Sutton and Schleicher. The new society, to be known as the Tom Green Eight County Medical Society, has as president Dr. Washington B. Everitt, Sterling City, and as secretary, Dr. Wilson D. Anderson, Sanatorium.

WEST VIRGINIA

Society News.—Drs. George H. Barksdale and Robert K. Buford, Charleston, addressed the Greenbrier Valley Medical Society, Lewisburg, January 23, on digitalis in treatment of heart disease and thyroid disease, respectively.——Dr. John A. Kolmer, Philadelphia, addressed the Academy of Medicine of Parkersburg, March 1, on specific treatment of pneumonia.——Drs. James S. Klumpp and Frank C. Hodges addressed the Cabell County Medical Society, Huntington, February 8, on early diagnosis of cancer.——Dr. Szin M. E. Simon, Huntington, presented a paper on recent advances in diagnosis and treatment of tuberculosis before the Raleigh County Medical Society, Beckley, February 1.——A symposium on cancer was presented before the Kanawha County Medical Society, Charleston, February 27, by Drs. John E. Cannaday, McLeod Gillies, Rome H. Walker, B. H. Swint and J. Ross Hunter.——Dr. Archer A. Wilson, Charleston, read a paper on "Aids in the Diagnosis in Certain Neuropsychiatric Conditions Met in Private Practice" before the Marion County Medical Society, January 3.——Dr. Russell B. Bailey, Wheeling, addressed the Marshall County Medical Society, Moundsville, January 24, on cancer of the breast.——Dr. Irvin Stein, Baltimore, addressed the Ohio County Medical Society, Wheeling, March 2, on "Calcification Studies in Monkey and Man and Their Clinical Application." Dr. Roy R. Snowden, Pittsburgh, was the speaker, February 16, on treatment of hyperthyroidism.——Drs. Albert H. Hoge and Richard O. Rogers, addressed the Mercer County Medical Society, Bluefield, January 23, on "Dietetic Management and Diabetes" and "Diabetic Coma and Treatment," respectively.

GENERAL

Another New Journal.—The first issue of the *Review of Gastroenterology*, official organ of the Society for the Advancement of Gastroenterology, appeared in March. The first issue contains nearly 100 pages and the contents include original articles, abstracts of current literature and book reviews. Dr. Samuel Weiss, New York, is editor.

Society News.—Dr. William D. Haggard, Nashville, was chosen president-elect of the Southeastern Surgical Congress at its annual meeting in Nashville, March 5. Dr. Gerry R. Holden, Jacksonville, Fla., became president; Dr. James R. Young, Anderson, S. C., was made vice president and Dr. Benjamin T. Beasley, Atlanta, reelected secretary. Next year's meeting will be held in Jacksonville.——The American Nurses' Association will hold its biennial convention in Washington, D. C., April 22-27; the general subject of discussion will be "The Changing Order and the Profession of Nursing."

Carlos Finlay's Centennial.—The centennial of the birthday of Dr. Carlos J. Finlay, who first advanced the theory that mosquitoes were carriers of yellow fever, was observed in several places throughout the world, it is reported. Squares or streets were named in his honor in several cities, including Mexico, Tampico, Guatemala and Paris. A bust was unveiled at Bogotá. Books were published in his honor in Mexico and Guatemala, and the Pan American Conference at Montevideo passed a resolution recognizing his achievements. Special commemorative exercises were held, December 3, by the Washington, D. C., chapter of the Pan American Medical Association.

Pacific Coast Surgeons' Meeting.—Dr. Edward Clarence Moore, Los Angeles, was elected president of the Pacific Coast Surgical Association at its ninth annual meeting, in Portland and Gearhart, Ore., February 21-24. Drs. Park W. Willis, Seattle, and Le Roy B. Sherry, Pasadena, were elected vice presidents and Dr. Edgar L. Gilcreest, San Francisco, was reelected secretary. Los Angeles was chosen for the 1935 convention. Among speakers on the program were:

Dr. Casper W. Sharples, Seattle, Liver Deaths Following Operation on the Biliary Tract.
Dr. Verne C. Hunt, Los Angeles, Operability of Gastric Lesions.
Dr. Curle Latimer Callander, San Francisco, Left Duodenal Hernia; Its Mechanism.
Drs. Albert J. Scholl, Jr., and John C. Ruddock, Los Angeles, Peritoneoscopy.
Dr. Raymond E. Watkins, Portland, Ore., Carcinoma of the Female Genital Organs.

Dental Education.—Eight schools of dentistry in the East and Middle West have recently formed the Association for the Advancement of University Education in Dentistry. The newly formed body announces as its aims the fostering of the rational integration of dental with medical education, development of science of dentistry and mutual improvement of the subscribing schools. It advocates two years of predental education and four of professional training and its membership is restricted to schools now operating under that plan or those that have publicly announced the adoption of the two-four year plan and the approximate date when it will be put in operation. Members of the association are: University of Buffalo School of Dentistry; Columbia University School of Dental and Oral Surgery; Harvard University Dental School; University of Illinois College of Dentistry; Ohio State University College of Dentistry; Thomas W. Evans Museum and Dental Institute School of Dentistry, University of Pennsylvania; Tufts College Dental School and Western Reserve University School of Dentistry.

Medical Bills in Congress.—*Changes in Status:* S. 2455, to increase the efficiency of the Medical Corps of the Regular Army, has been reported to the Senate, with amendment (S. Rept. 510). It provides that for purposes of promotion there shall be credited to the officers of the Medical Corps all active service as officers of the Medical Reserve Corps rendered by them between April 23, 1908, and April 6, 1917. S. 2526, to pay an annuity to Frances Agramonte, the widow of Dr. Aristides Agramonte, a member of the yellow fever commission, has passed the Senate. S. 2571, authorizing the Secretary of the Interior to arrange with the states for the education, medical attention, relief of distress and social welfare of Indians, has been reported to the Senate, with an amendment (S. Rept. 511). S. 2660 has been reported to the House, with amendments (H. Rept. 1037). This bill, which has already passed the Senate, proposes to regulate broadcasting from a studio located in the United States through a radio station in a foreign country whose "emissions" are received consistently in the United States.

Bequests and Donations.—The following bequests and donations have recently been announced:

Menorah Hospital, Kansas City, Mo., $25,000 given by Mr. Edgar L. Berkley, in memory of his parents.
Presbyterian Hospital, New York, $30,000 by the will of Mrs. Lucy W. Denny.
Mount Sinai Hospital, New York, $2,500 from the estate of the late Dr. Alexis V. Moschowitz; also his books and instruments.
Children's Hospital, Boston, $10,000 by the will of Irving Richardson, Brookline, Mass.
St. Vincent's and Presbyterian hospitals, New York, $10,000 and $7,000, respectively, under the will of the late Walter J. M. Donovan.
United Hospital, Port Chester, N. Y., $5,000 by the will of the late W. M. Craft, White Plains.
New York Homeopathic Medical College, $15,000 by the will of the late Frances Ogden Jones.
Temple University Hospital, Philadelphia, will receive $350,000 left by Mrs. Etta Mellier.
Jefferson Medical College, Philadelphia, received a bequest of $25,000 contingent on the death of four heirs, from the estate of Mrs. Fredericka Hoffman, as a memorial to her husband, the late Dr. Clarence Hoffman, who was associated with the college for twenty-five years.
Philadelphia Institute for Medical Research, $15,000 for study of nervous and mental disease; Jefferson Hospital, $5,000 for a free bed, and Philadelphia Home for Incurables, $2,000, under the will of the late Mrs. Kate Rambo.
Jasper County Hospital, Rensselaer, Ind., $5,000 by the will of W. B. Austin.
William S. Major Hospital, Shelbyville, Ind., $100,000 under the will of John A. Tindall.
Stuyvesant Square and St. Luke's hospitals, New York, $10,000 each under the will of the late Mrs. Mary Helena Tompkins; St. Luke's will also receive the residue of the estate.
Mount Sinai Hospital, $5,000; Montefiore Hospital, $3,000; New York Eye and Ear Infirmary and Hospital for Joint Diseases, $2,000 each by the will of the late Richard Sidenberg.
Hospital for Ruptured and Crippled, $25,000 under the will of the late Mrs. Velma B. Woolworth.
New York Hospital, $100,000 by the will of Edward W. Sheldon.
Caledonia Hospital, Brooklyn, $25,000 by the will of the late Alexander Walker.

American College of Physicians.—The eighteenth annual clinical session of the American College of Physicians will be held in Chicago, April 16-20, with headquarters at the Palmer House. General sessions at which more than sixty formal papers will be read are scheduled for each afternoon and Monday and Tuesday evenings. The annual convocation will be held Wednesday evening, April 18, when Dr. George Morris Piersol, Philadelphia, will deliver the presidential address and Dr. Albert Grant Fleming, director of the department of public health and preventive medicine of McGill University, Montreal, Que., will give an address on "The Medical Aspects of National Health Insurance." Beginning Tuesday, mornings will be devoted to clinics at the following hospitals: Albert Merritt Billings, Children's Memorial, Cook County, Mercy, Michael Reese, St. Luke's, Passavant Memorial and Presbyterian hospitals, the Municipal Tuberculosis Sanitarium and the Veterans' Administration Facility, Hines, Ill. Sessions will also be held at the University of Illinois, Loyola University, Northwestern University and the University of Chicago. The annual banquet will be given Thursday evening, with Dr. James B. Herrick as toastmaster. Glenn Frank, LL.D., president, University of Wisconsin, will deliver an address on "The Renewal of America." The annual smoker will be held Monday evening after the scientific meeting. Dr. Herrick, general chairman for

the session; Dr. Austin A. Hayden, president, Chicago Medical Society, and Dr. Irving S. Cutter, dean, Northwestern University School of Medicine, will deliver addresses of welcome at the opening session. Special emphasis is to be laid on the following subjects in the scientific program: cardiovascular disease, infectious diseases, metabolic diseases, nervous diseases, hematology, gastro-enterology, tuberculosis, pulmonary diseases and pediatrics.

FOREIGN

New Professorship. — The *British Medical Journal* announces that a new chair for racial hygiene has been founded in Berlin, with Prof. Fritz Lenz of Munich as its first occupant. Professor Lenz has also been appointed departmental director for racial hygiene and eugenics at the Kaiser Wilhelm Institute for Anthropology in Berlin.

Cholera Decreased in 1933.—The incidence of cholera in India during the years 1932 and 1933 was lower than at any time in the last sixty years with the possible exception of 1923, according to provisional figures issued by the Health Section of the League of Nations. The provisional number of cases in 1932 was about 70,000 and up to November had not exceeded 80,000 for 1933. Last year the disease actually disappeared from Madras Presidency, where it had been considered generally endemic. In contrast to the severe epidemic of 1932, the incidence of cholera in China was low in 1933. An epidemic has prevailed in the Philippines since 1930, confined to the central archipelago. Provisional figures for 1933 showed that 1,820 cases with 1,238 deaths were recorded from January 1 to December 2.

Health Project in China Schools.—A grant of $12,000 Chinese currency has been made to the Hunan-Yale Medical School by the Hunan provincial government to carry on a public health program in the schools of Changsha. Sixteen schools have been chosen as a starting point and it is estimated that 6,000 students will be reached. Health education through lectures, lantern slides, exhibits and habit training classes will be for the students, while additional material will be presented to cooperating parents. There will be an annual physical examination of all students, with a monthly checkup in weight and height, a weekly clinic for correction of defects as far as possible; inspection for infectious diseases; and preventive inoculation. Two physicians and four public health nurses will be assigned to the work. The Hunan-Yale Medical School was started in 1914 as a joint enterprise between the Hunan provincial government and Yale-in-China. The Hunan-Yale Hospital now has 180 beds, with a special children's ward, and is equipped to carry on the treatments that may be needed for conditions found in the health examinations.

Personal.—Knighthood was conferred on Dr. Robert Muir, professor of pathology, University of Glasgow, among the New Year honors bestowed by the king of England.——Dr. Henry Albert Harris, professor of clinical anatomy, University College, London, has been appointed professor of anatomy to succeed Prof. James T. Wilson, who will retire next October.——Lieut. General Sir Harold B. Fawcus has retired as director general, British Army Medical Service, and has been appointed director general of the British Red Cross Society. The new director general of the Army Medical Service is Major General James A. Hartigan, formerly deputy director of medical services, Aldershot Command.——Dr. Walter J. Turrell of the electrotherapeutic department, Radcliffe Infirmary, Oxford, England, recently received the "golden key" awarded by the American Congress of Physical Therapy at its 1933 session, in recognition of his work in electrotherapy. The key was presented by Dr. Norman E. Titus, New York, now on a visit to England, at a dinner given in honor of Dr. Titus by Dr. Francis Howard Humphris.——Dr. G. P. Wright, lecturer in morbid anatomy and curator of the Museum at University College Hospital Medical School, has been appointed to the Sir William Dunn chair of pathology tenable at Guy's Hospital Medical School.

CORRECTION

Pimento Peppers.—In a query and minor note published in THE JOURNAL, March 10, page 790, on "Pimento Peppers," the second paragraph should read as follows: "Pimenton is 'large pepper, otherwise Cayenne or red pepper'; pimienta is 'pepper; specifically black pepper'; pimiento is 'capsicum or pepper—as the fruit of the pepper.' In view of the confusion between pimento (allspice) and pimiento (sweet pepper) it makes for clarity to designate the Spanish sweet pepper as the 'pimiento pepper' or 'pimento pepper.' From a practical horticultural point of view. . . ."

Foreign Letters

LONDON

(From Our Regular Correspondent)

March 3, 1934.

The Increase of Deaths from Tuberculosis in Young Women

While a great decrease of tuberculosis has taken place in the general population, an increase in deaths from the disease has recently been observed among young women. Various explanations have been suggested. Dr. F. J. Bentley, divisional medical officer in the public health department of the London County Council, who has been conducting research into the subject, gives as the chief cause the racket of modern life and the increased strain that young women and girls are called on to bear. Practically the whole increase has been in single women. Dr. Bentley's inquiry related to the habits of females from 15 to 25 years of age who were having residential treatment under the council's tuberculosis scheme. He sent a questionnaire to 100 young women who were consumptive and to the same number of healthy young women of the same ages and occupations. On an average the girls in each group did nine hours of work a day and had eight and one-half hours in bed, while in the matter of food the consumptives had the advantage. Forty-two per cent of the healthy were smokers, but only twenty-nine of the consumptive. No doubt the difference was due to the advice given to persons with coughs to stop smoking. The prevalent desire for a slim figure among young women has led to the suggestion that reducing is a contributory cause of consumption. Dr. Bentley concludes that it is impossible to attribute the increased mortality to any single factor. But who will deny that the stress and strain of modern life have seriously increased during this century? This Dr. Bentley thinks has seriously tipped the scales of tuberculosis against young women, always critically balanced and especially susceptible to this disease. One form of stress not mentioned by Dr. Bentley, but suggested by previous investigators, is too much devotion to amusements, such as the cinema and dances, after a hard day's work.

Traffic Accidents in Eight Years

In the house of commons the home secretary gave appalling figures for traffic accidents in the last eight years, during which the number of persons killed was 50,837 and injured 1,421,083. The following is the complete table of accidents circulated:

Year	Killed	Injured	Total
1926	4,886	133,888	138,774
1927	5,329	148,575	153,904
1928	6,138	164,838	170,976
1929	6,696	170,917	177,613
1930	7,305	177,895	185,200
1931	6,691	202,119	208,810
1932	6,667	206,450	213,117
1933	7,125	216,401	223,526
Total	50,837	1,421,083	1,471,920

The Pedestrians Association has sent a memorandum on road safety to the minister of transport, stating that the high speed of automobiles is the main cause of traffic accidents. The association suggests that all vehicles subject to speed limits should be fitted with a device visible to any passer by, which either records the actual speed at any moment or gives audible or visible notice when the limit is exceeded. It has been shown that the majority of fatal accidents take place in built-up areas, and the association therefore asks for a speed limit applicable to towns and villages. All negligence resulting in death or serious injury should be punishable. Every new applicant for a license to drive should pass a test for physical fitness, mechanical competence and knowledge of road signs and rules, and

every driver responsible for an accident should be submitted to these tests, so that gradually unfit drivers might be eliminated. The association strongly urges that the government take steps to mitigate the hardships suffered by many of the injured in traffic accidents and by the families of the killed, by giving effect to the representations of the committee of the house of lords that an injured person not traveling in an automobile be relieved from the onus of proving negligence on the part of the driver and that more adequate means be provided for securing payment of compensation to the victims of accidents.

A Debate on Silicosis

An important debate on the cause of silicosis took place at the Institution of Mining and Metallurgy. A mineralogist, W. R. Jones, D.Sc., of the geological department of the Royal School of Mines, described his investigations of mineral residues from twenty-nine lungs of persons whose death had been certified as due to silicosis. Five lungs were from workmen in the pottery industry and twenty-one from workers in coal mines. He found that the dust in all cases consisted of minute acicular fibers of sericite (hydrated silicate of aluminum and potassium, which is also called secondary or white mica). The mineral was abundant in all the rocks and materials that gave rise to the dust inhaled. He also found silica in the uncombined state, that is, quartz, but in much smaller quantity than the sericite. He concluded that uncombined silica was not the chief cause of silicosis but that fibrous minerals, chiefly sericite, during the operations of drilling, blasting or crushing, were set free in the atmosphere as individual fibers and were inhaled in the course of time in sufficient quantity to cause the disease. Whether they acted by mechanical irritation, causing the growth of fibrous tissue, or induced chemical changes was a pathologic question outside his province.

Prof. J. S. Haldane dissented. He held that there was clear evidence which incriminated uncombined silica. This never depended on the nature of the dust found in the lungs but on the history of prolonged exposure to dust containing a high proportion of uncombined silica. The danger of crushing pure quartz without precaution against inhaling the dust had long been known. As a physiologist he protested against the idea that the lungs might be regarded as a sort of geological dust trap. By means of the phagocytes and ciliary action, dust was continuously removed from every part of the lungs; but in the case of pure silica this process failed and at the same time the lungs became susceptible to tuberculous infection. Other speakers supported Professor Haldane's view. Sir John Flett, director of the geological survey, who is also a physician, considered finely divided silica a highly dangerous substance.

PARIS

(From Our Regular Correspondent)

Feb. 21, 1934.

Foreign Medical Students and Practitioners

In view of protests from the medical syndicates, the Conseil supérieur de l'Instruction publique is apparently shelving, for the time being, the provisions that the minister of public instruction proposed to control the number of foreign practitioners of medicine. Heretofore such control was based on the Herriot decree and the Armbruster law. The Herriot decree requires naturalization for the transformation of a university doctor's diploma into a government diploma, which alone confers the right to practice medicine in France. The Armbruster law requires naturalization before an applicant can practice in France but permits foreigners to take the government examination for the doctor's degree. The minister, regarding the provisions of the Armbruster law sufficient, was considering the annulment of the Herriot decree, but the "syndicates" quickly discovered what would happen. For the government examination, wide facilities are accorded. The required period of preparatory study is two years instead of five. Only the final examination is required. If the provisions of the Armbruster law alone were applicable, foreigners holding a university doctor's diploma, and having secured through diplomatic representations its transformation into a government diploma, would wait until they are 30 years old before becoming naturalized; for, after 30, military service is not required of naturalized citizens, and not after 28 if an applicant has children. Attention has been called to the large number of German refugees who are matriculating at the university. After three years of study and having secured the transformation of their university diploma, they need only wait until they are 30 years old to have the right to practice in France, which will give them an advantage over French students, as they will not lose the year devoted to military service. France has already many physicians who can no longer make a living. Nevertheless, the Conseil supérieur has refused to do anything to modify the situation and the number of university diplomas being issued by the faculties of medicine is constantly increasing. Their total has reached 2,616 (1,243 in Paris alone). Of this number, 166 graduates secured later a transformation into a government diploma.

Postdiabetic Insulinemia

Mr. Rathery reported to the Academy of Medicine a typical case of hyperinsulinemia, a syndrome that may be spontaneous, attended with hypoglycemia, and characterized by asthenia, lipothymic manifestations, a sensation of hunger, a feeling of corpulence, and the like. Mr. Rathery's patient had been diabetic for nine years but had ceased to be a diabetic for the previous year and could tolerate large amounts of starchy foods. For some time past he had presented a condition of spontaneous hyperinsulinism, and his blood sugar sometimes dropped to 0.65 Gm. His complete recovery (without insulin) from ordinary diabetes is not exceptional; but the existence of a syndrome just the opposite of diabetes, in a person formerly diabetic but now cured, is rare.

Contamination of Rivers by Lead Arsenate

The newspapers have contained accounts of dead fish observed in certain rivers of southern France. On investigation it was found that the action of waste waters from adjacent factories on the river banks could be eliminated, for several of the rivers had no factories on their banks. Mr. Vincent Richard, a chemist in the department of Ain, conceived the idea that the poisonings were due to lead arsenate, traces of which he found in these waters. Lead arsenate forms the base of various products, widely used in agricultural regions to combat the animal and vegetable parasites that infest grapevines and fruit trees. The surface waters carry off considerable quantities of lead arsenate, thereby introducing the poisonous substance into the springs and the rivers. Furthermore, when the lead arsenate is applied after the blossom of the grape has appeared, it penetrates the grape and can be found in the wine, which itself becomes a menace. Mr. Richard reported to the prefect of Ain the results of his observations and added that he had seen cattle die in Morocco that had eaten, along with pasture grass, locusts poisoned by arsenates. He stated also that birds die in large numbers after eating insects poisoned by products with an arsenic base, and that likewise arsenized wheat for the destruction of rats is extremely dangerous. The Comité supérieur d'hygiène publique has been asked to look into this question. The Academy of Medicine has inquired into the matter at various times and has passed a resolution that agriculturists be prohibited from using arsenical products as insecticides. The agriculturists allege that there are no other substances quite so effective and so cheap, for this purpose. The resolutions of the academy have consequently been ignored.

BERLIN

(From Our Regular Correspondent)

Feb. 5, 1934.

Tuberculosis Among the Personnel of Hospitals

Dr. Dornedden has obtained data, through an inquiry instituted by the federal bureau of health, on the status of tuberculosis among the personnel of 2,113 hospitals and 716 aid centers for the tuberculous, including more than 80,000 persons. From Dec. 1, 1928, to Nov. 30, 1931, 6,607 persons of these groups (8.2 per cent) reported sick. Of these cases, 76.8 per cent were with certainty, and a further 14.5 per cent were in all probability, tuberculous. Of the sure cases, 8.9 per cent were active and 42.7 per cent were healed infections; 48.4 per cent of the cases were quiescent. If one considers the large number of quiescent and cured cases, the morbidity incidence of 8.2 per cent is not particularly high. In the group of physicians examined by specialists and roentgenologists, the percentage of morbidity was 12.8 or 11.7 in those more than 50 years of age and in women physicians under 50 years old, 6.8. The percentage of morbidity in the group composed of the whole personnel (examined in the same manner and comprising 3,682 persons) was 12.33. The morbidity among the personnel of the tuberculosis sanatoriums was the highest, but in the group that took care of tuberculous patients in the hospitals and infirmaries it was above the average. It should be considered that tuberculous persons often accept positions in tuberculosis departments. No relative difference in the morbidity could be discovered in keeping with the length of service in such institutions. However, the conclusion appears justified that limitations of the working hours and elimination of the more weakly attendants should be instituted. Comparing these with former statistics, it appears that the formerly excessive morbidity of the care-taking personnel, owing to the protective and control measures and the regulation of the working hours, has been reduced and now but slightly exceeds the average morbidity of the population as a whole.

Oral Focal Infection

The fact that the majority of the German people are suffering from odontogenous foci furnished the occasion for a recent address by Dr. Netter, before the Breslau Medical Society, on oral focal infection in its relation to the whole organism. Oral focal infections may be associated not only with the teeth but also with the tonsils. Infection of the tonsils is frequently the secondary stage of a chronic infection, whereas the primary focus lies in the teeth. The tooth is not merely a hard formation that is easily detached from the body but, viewed biologically and genetically, is the nucleus of an organic unit of a higher order. The enamel and dentin and the "tooth bed" form a compact tissue complex, which is attached to the jaw base without demonstrable border. By reason of the close connection of each tooth with the whole organism, pathologic processes of the pulp or the gum line find easy entrance to the body. If inflammation extends from the pulp through the apical foramen into the jaw, it commonly brings about an apical osteitis due mostly to streptococci and less frequently to pneumococci along with other bacteria. The defense forces of the body are often called into action for years and are unable to reach and eliminate the infective agents coming from the frequently symptomless necrotic dental root. Granulomas sterilized by the defense forces of the body are frequently reinfected from the root canal system. Netter has observed 200 cases over a period of eight years, in which, after treatment of the dental foci, in combination with general and special treatment, the organic disturbances (heart, joints, neuralgias, sciatica, and the like) disappeared. Furthermore, there disappeared, in numerous cases, also acne, herpes labialis and the previous tendency to colds. Odontogenous focal infections deserve, therefore, in view of the vast number of persons affected, careful attention by those who are endeavoring to raise the general standard of public health.

The Geographic Origin of Professors in Medical Schools

Dr. Kayser-Petersen of Jena has completed an inquiry to determine the place of birth, the institution of first habilitation, and the present activity of the occupants of chairs of medicine. He reports that, of the 390 head professors who are members of medical faculties in Germany, 6.6 per cent began their academic careers in the city of their birth and 46 per cent in the *land* in which they were born (Prussia, Bavaria or elsewhere); 3.8 per cent are at present engaged in their native city and 45 per cent in the *land* of their birth, whereas 8.4 per cent were born in foreign countries. In the city of their first habilitation there are 22 per cent, some of them having taught elsewhere for a time and then accepted a call to return as occupant of a chair. There are 45 per cent in the *land* of their first habilitation, whereas 3.5 per cent began their teaching in a foreign country. The number of professors who habilitated in their native city and are still so located is comparatively small (2.1 per cent), although 28 per cent are still teaching in the same *land* in which they were born and in which they habilitated.

Study of Criminal Tendencies in Twins

With the aid of the Bavarian ministry of justice, Prof. Johannes Lange, ordinarius in psychiatry at the University of Breslau, was able to investigate the personal histories of more than thirty pairs of twins confined in the Straubing penitentiary. There were thirteen pairs of enzygotic and seventeen pairs of dizygotic twins. Of the thirteen pairs of enzygotic twins, both twins had in ten cases received prison sentences. In fifteen of the seventeen pairs of dizygotic twins only one of the twins had received a prison sentence. Especial interest attaches to the fact that in the case of the enzygotic twins the same kind of crime was committed, while the time the crime was perpetrated was the same for the two twins. A study of their private lives before and during the stay in prison revealed the same habits. In the dizygotic twins, on the other hand, there were fundamental differences.

Instillation of Silver Nitrate Solution

The Prussian minister of the interior has announced that, while it may be safe for institutions that use large amounts to keep in bottles a supply of silver nitrate solution for instillation into the eyes of the new-born (Credé method), experience has shown that it is not feasible for the use of midwives; in addition to the menace of contamination there is danger of a stronger solution developing as a result of evaporation, and also a possibility of decomposition. For obstetric use by midwives, outside of hospitals, solutions kept in ampules are advisable. One should see to it that there is no danger of bits of glass entering the eye of the new-born, and that the fluid can be properly dropped, lest too large a quantity be instilled into the eyes.

Professor Döderlein Dispensed from Lecturing

The eminent gynecologist Prof. Albert Döderlein, who at the age of 73 is still lecturing in the fulness of his vigor at the University of Munich, obtained his doctor's degree in medicine at that university fifty years ago. Döderlein has been a pioneer in three fields. He was the creator of gynecologic bacteriology. He has developed the gynecologic operative technic to such an extent that he has achieved some of the best results in the operative treatment of cancer. He was one of the first to study in microscopic preparations the action of rays on the cell. He came to abandon almost completely the operative treat-

ment of uterine cancer and confined himself to radiologic treatment. His results have been extraordinary. From April 1 on, at his request, he has been relieved from the obligation of holding lectures.

ITALY

(From Our Regular Correspondent)

Jan. 15, 1934.

The Congress of Surgery

At the fourteenth Congress of Surgery, held at Pavia under the chairmanship of Prof. Gaetano Fichera, the first topic, "Drainage of the Biliary Tracts," was presented by Professor Uffreduzzi of Turin. Although drainage of the biliary tracts has been done for many years, knowledge of the actual influence that it may exert on the liver is still obscure in some respects. The bile is carried through the biliary tracts under a low pressure, usually estimated at about 20 cm. of water but somewhat variable depending on the condition of Oddi's sphincter. By drainage of the biliary passages is meant an intervention capable of abolishing all tension, both normal and pathologic. One makes a distinction between medical and surgical drainage. Medical drainage may render excellent service but cannot be regarded as a true drainage of the biliary passages, since it has the effect of increasing therein the pressure and induces a marked contraction of the gallbladder, and also of the biliary passages, above the obstruction, if any.

Surgical drainage may be external or internal, depending on whether the bile is carried outside the organism or is conducted to the intestine by a different route than normally.

Internal drainage includes cholecystogastrostomy, cholecystoduodenostomy and cholecystojejunostomy.

Indications for the operation are found in cases with obstruction and increased tension in the biliary passages, usually accompanied by icterus; cases of angiocholitis, without appreciable obstruction of the choledochus, and cases of so-called catarrhal icterus.

The general discussion was participated in, among others, by Professor Alessandri of Rome, who brought out that cholecystostomy does not constitute the ideal form of drainage of the biliary passages, except in emergency cases. In grave infections he prefers cholecystectomy and drainage of the hepatic duct by the Kehr method. Calabresi and Donati pointed out that medical drainage is an excellent method for preparing patients for a surgical intervention.

CONDITIONS DUE TO LESIONS OF THE PARATHYROIDS

The second topic, "Diseases Due to Lesions of the Parathyroids," was discussed at a joint session with the Società di medicina, by Professor Sisto of Modena and Professor Donati of Milan.

Sisto pointed out that formerly the basis of research in changes in the parathyroids was clinical and anatomopathologic, whereas today it is essentially biochemical. The conceptions with regard to hypoparathyroidism have changed; as a rule, one no longer assumes that disorders characterized by neuromuscular hyperexcitability, such as chorea, gravidic eclampsia and myoclonia, are ascribable thereto. Tetany is certainly a consequence of suppression of the parathyroids in cases in which these are removed or damaged during operations on the thyroid. There are, however, many cases of tetany in which such conditions do not exist; for example, in tetany of infancy, in postrachitic tetany, in the idiopathic types of adults, or in the types due to hyperventilation, to bicarbonates and to phosphates. In all cases of tetany one encounters alkalosis of the blood, which in parathyroid types is associated with hypocalcemia and an increase of inorganic phosphates. Such alkalosis is today regarded as the fundamental cause of tetany and may or may not be produced by deficiency in parathyroid functioning. Likewise guanidinic toxicosis, concerning which there has been much discussion in recent years, cannot be identified with parathyroprival tetany. The result of the treatment confirms these modern views.

Hyperparathyroidism has become a live topic in recent months. However, it also must be deprived of certain syndromes that are not justly ascribable to it. Experimentally an attempt has been made to produce hyperparathyroidism—first with grafts and more recently by the administration of extracts of the parathyroid glands. But neither grafts nor extracts can completely produce a syndrome of true hyperparathyroidism.

Vitamin D and, in a measure, exposure to ultraviolet rays produce effects similar to those of parathyroid extract. Their use often results in improvement or a disappearance of parathyroprival tetany. Not all the effects of the various preparations of vitamin D (for example, the toxic effects and the metastatic calcifications) are attributable to the vitamin D, for also the secondary products of irradiation of ergosterol come into play.

Recklinghausen's disease occupies at present the first place among the hyperparathyroidal syndromes. This morbid syndrome is recognized today as due to hyperfunctioning of the parathyroids, brought about ordinarily by an adenoma or by hyperplasia of these glands. In every case reported, surgical intervention improved the symptoms but did not effect a complete cure. Sometimes deep irradiation of the region of the neck has been found useful. In the group of hyperthyroidal syndromes some authors have included, of late, morbid types such as chronic ankylotic rheumatism. The symptoms on which these authors base their conceptions is the increase of calcium in the blood serum. But their conception will probably be revised.

Professor Donati presented a paper, divided into ten subtitles, on the surgical side of the topic. He stated that parathyroidal osteodystrophia coincides almost completely with Recklinghausen's disease. In certain osteodystrophias, changes of metabolism of alimentary origin, various toxic factors of exogenic origin, and excessive losses of calcium act as pathogenic factors. These conditions are associated with secondary parathyroid hyperplasias, as distinguished from the parathyroid adenoma of osteodystrophia fibrosocystica; they have to do with secondary processes, probably referable to an acidotic factor involving the whole parathyroid apparatus. These factors awaken the suspicion that with the osteodystrophias are associated sometimes changes in other glands of internal secretion, besides the parathyroids. Osteomalacia probably does not have a parathyroid pathogenesis. There may be secondary hyperplasias of the parathyroids that will impose an osteodystrophia fibrosa on the picture of osteomalacia.

The relation between parathyroid osteodystrophia and Paget's disease is not clear. In tuberculosis of the bones, no signs of parathyroid disturbances and in fractures no constant changes in the blood calcium have been revealed. It must be that there is a local mobilization of calcium instead of changes in the general metabolism of calcium. These have been encountered, however, in certain cases of heterotopic calcifications. A study of the relations between the sympathicus and the parathyroids leads to the conception that the regulation of the calcium equilibrium is not associated solely with the functioning of the parathyroids but is of a neuro-endocrine nature.

Fifty-six cases of parathyroid adenomectomy in persons affected with osteodystrophia have been reported. In spite of the existence of such morbid types also in persons that do not have changes of the skeleton, the relation between adenoma and Recklinghausen's disease may be regarded as fully demonstrated. The removal of the tumor in such cases is the proper treatment.

The parathyroid transplant, formerly much used in postoperative parathyroprival tetany, has lost its importance either

because of the more perfect technic of goiter operations or because of the possibility of using calcium-vitamin therapy.

Other communications on the subject were presented. Maragliano explained the effect of partial parathyroidectomy on some types of ankylotic polyarthritis. Alessandri spoke on the results of parathyroidectomy that he observed in fifteen cases. When one does not succeed in separating the individual parathyroids, he advises resorting to regional ligation of the arteries.

BELGRADE

(From Our Regular Correspondent)

Feb. 7, 1934.

The First National Health Exhibition

The first national health exhibition was held in Belgrade, Aug. 19-Sept. 20, 1933, by the Yugoslav Association for the Protection of the Nation's Health, assisted by all state hygienic institutes and by numerous private organizations. The exhibition was visited by a large number of individuals and by schools and similar organizations. Reduced rates were allowed by the railways. The exhibition was divided into two main parts, the first popular and instructive and the second commercial. The following sections were organized: antialcoholic, climatic and bathing resorts, hygiene of mothers and children, the protection of school children, tuberculosis and venereal diseases, and malaria and infectious diseases. A special section was devoted to a model hygienic hospital or sanatorium and to showing what private homes, sleeping rooms, kitchens and privies ought to be like. Special attention was devoted to the hygiene of foodstuffs, clothing, places for working and personal hygiene. Finally there was a practical presentation of different kinds of sport and physical training. In the commercial part were exhibited articles needed for personal hygiene, foods, drugs, articles used in dining rooms, and a great number of labor saving appliances used in housekeeping. The visitors were so numerous that it was necessary to keep the exhibition open from the early morning until 10 at night. The exhibition board intends to organize a permanent health exhibition.

The Fourth Balkan Medical Week

There are six independent states in the Balkans: Albania, Bulgaria, Greece, Rumania, Turkey and Yugoslavia. Since 1930, Balkan medical weeks have been held each year in a different Balkan state. The first conference was held in Athens, Greece, the second in Istanbul, Turkey, and the third in Bucharest, Rumania. The fourth medical week was held in Belgrade, Sept. 11-13, 1933. The subjects on the program were the rôle of physicians in the Balkan states, the hygiene of children, and the sanitary conditions of villages. The largest number of physicians, including the vice president of the Union of Balkanic Physicians, Dr. Petre Topa, and the general secretary, Dr. Popescu-Buzen, came from Rumania. Turkey was represented by Professor Dr. Achill Muktar, Dr. Nuretin, and Professor Sucheil. From Greece there were Professor Dr. Vladimir Benzis and Dr. Peter Scaramanga. Surgeon General Dr. Ceda Djurdjevic of Belgrade, Dr. Galatzi of Rumania, Dr. Benzies of Greece and Dr. Achill Muktar of Turkey read papers on the rôle of physicians in the Balkan union. On the hygiene of children there were communications by Professor Ambrozitch of Yugoslavia, Dr. Achill Muktar of Turkey and Dr. Smilja Kostitch of Yugoslavia. On sanitation in Balkan villages, a conference was given by Dr. Bojan Pirc of the Central Hygienic Institute of Belgrade. Malaria was discussed by Dr. Ceda Simitch of Yugoslavia, Dr. Achill Muktar of Turkey, Professor Sucheil of Turkey and Drs. Martinescu, Angelescu and Vajanosa of Rumania. The antituberculous campaign in the Balkans was treated by Dr. Trinescu of Rumania and Professor Radosavljevitch of Yugoslavia. The prophylaxis of venereal disease was discussed by Dr. Kitchevatz of Yugoslavia, Dr. Martinescu of Rumania and Dr. Achill Muktar of Turkey. A conference on mental hygiene was held by Dr. Bogitch of Yugoslavia. The Balkan medical weeks not only serve for scientific discussions but have the happy result of creating a friendly atmosphere, which will undoubtedly have a good effect on political relationships.

An Expedition to Remote Communities

For the last three years Prof. Dr. George Georgevitch and his co-workers, aided by a private fund, have made during their vacations medical expeditions into different parts of Yugoslavia, especially districts remote from railways or other means of communication. This work is interesting, and the number of volunteer physicians is growing every year. This year Professor Dr. Georgevitch has awakened the interest also of professors of history, geology, mineralogy, botany, zoology, archeology and others. Nearly the whole faculty of the university of Belgrade took part in a six weeks' scientific expedition to a mountain district in Montenegro. Cases of chronic diseases, never seen in clinics, were here examined by modern diagnostic methods. The population, having confidence in the well known names of the physicians present, came in large numbers to be examined and to profit by such a rare occasion. The professors and their assistants, although overworked every day, were pleased at having found material which it is impossible for them to see in large hospitals and clinics. An extensive publication will shortly appear on this work. The state is willing to allocate sufficient funds to permit the organization of such medical expeditions every summer.

Death of the Minister of Health

One of the most eminent physicians, formerly minister of health, Dr. Cheda Mihailovitch, has died in Paris, of anthrax. He was born in Belgrade sixty-four years ago and was brought up in France; he was one of the first Serbian physicians to study in France, in whose footsteps the new generations have followed. Beloved among physicians, he was an excellent organizer, who knew how to gain the sympathies of everybody. He was appointed during the World War as head of all the foreign medical missions working in Serbia. Since 1920 he has many times been sent on delicate official missions to different parts of Europe, and even to the United States. It was during one of these official missions, to Poland, that he contracted anthrax.

Marriages

George Hampton Garmany, Chattanooga, Tenn., to Miss Alice Harriette Heibeck at Shepherd Hills, February 6.

Edward Marvin Mann, Mayock, N. C., to Miss Ethelyn Anderson Thompson of Summit, Miss., Dec. 23, 1933.

William Maxwell Hitzig to Miss Candis Hall, both of New York at New Rochelle, N. Y., March 9.

Henry Harrison Gibson, Akron, Ohio, to Miss Anne Richardson of Sharon, Pa., February 16.

Jefferson Bivins Helms to Miss Doris McCollum, both of Morganton, N. C., Dec. 23, 1933.

Sylvester Bernard Helwig to Mrs. Hazel Broderick, both of St. Louis, February 10.

Earle E. Henson, Princeville, Ill., to Miss Florence Cummings of Peoria, January 17.

Frank D. Richards, Dewitt, Mich., to Miss Ruth A. Bleil of Belleville, January 26.

Samuel Joseph Zakon to Miss Dorothy Gavlin, both of Chicago, March 11.

Calvin Hyman to Mrs. Rose Sagner Sachs, both of Baltimore, March 20.

Deaths

Walter Earnest Bates, Davis, Calif.; University of California Medical Department, 1881; member of the California Medical Association; past president of the Yolo County Medical Society and Northern California Medical Association; formerly lecturer in hygiene at the branch of the college of agriculture, University of California; resident physician in charge of the campus infirmary, 1908-1932; for five years president of the county board of health; for two years superintendent of St. Luke's Hospital, San Francisco; aged 73; died, February 2, of coronary thrombosis.

Edith Rogers Spaulding ⊕ New York; Tufts College Medical School, Boston, 1909; member of the American Psychiatric Association, New England Society of Psychiatry, Association for Research in Nervous and Mental Diseases, American Psychopathological Association and the American Orthopsychiatric Association; for many years affiliated with the psychiatric division of St. Luke's Hospital and the Vanderbilt Clinic; aged 52; died, February 23, of coronary thrombosis.

Harold Wilson ⊕ Detroit; University of Michigan Homeopathic Medical School, Ann Arbor, 1886; fellow of the American College of Surgeons; past president of the Wayne County Medical Society; at one time associate professor of ophthalmology and otolaryngology, Detroit College of Medicine and Surgery; for many years on the staff of the Grace Hospital; aged 73; died suddenly, February 16, in Birmingham, Mich., of acute dilatation of the heart, following an automobile accident.

Raymond John Sisson ⊕ Detroit; Syracuse (N. Y.) University College of Medicine, 1922; member of the American Academy of Ophthalmology and Oto-Laryngology; fellow of the American College of Surgeons; served during the World War; on the staffs of the Harper Hospital, Children's Hospital of Michigan and St. Mary's Hospital; aged 36; died, February 23, in the Massachusetts General Hospital, Boston, of pneumonia, following an operation on the kidney.

James Thomas Watkins ⊕ San Francisco; College of Physicians and Surgeons in the City of New York, medical department of Columbia University, 1894; member and past president of the American Orthopedic Association; fellow of the American College of Surgeons; lecturer on orthopedic surgery, University of California Medical School; orthopedic surgeon to the Hospital for Children and the Southern Pacific General Hospital; aged 62; died, February 18.

Lizzie Maud Carvill ⊕ Boston; Tufts College Medical School, Boston, 1905; member of the American Academy of Ophthalmology and Oto-Laryngology, American Ophthalmological Society and the New England Ophthalmological Society; fellow of the American College of Surgeons; consulting ophthalmologist to the New England Hospital for Women and Children and assistant surgeon to the Massachusetts Eye and Ear Infirmary; aged 60; died, February 25.

William Howe Merrill ⊕ Lawrence, Mass.; Medical School of Maine, Portland, 1888; member of the American Academy of Ophthalmology and Oto-Laryngology, New England Ophthalmological Society and the New England Otological and Laryngological Society; fellow of the American College of Surgeons; ophthalmic and aural surgeon to the Lawrence General Hospital; aged 69; died, February 18, of angina pectoris.

Henry Weitzell Wandless, New York; College of Physicians and Surgeons, Baltimore, 1885; at one time clinical professor of ophthalmology, University and Bellevue Hospital Medical College; served during the World War; formerly consulting ophthalmologist to the Mercy Hospital, Hempstead, N. Y.; died, February 17, at Garden City, N. Y., of carcinoma of the stomach.

John Holbrook Shaw ⊕ Plymouth, Mass.; Harvard University Medical School, Boston, 1892; past president of the Plymouth County Medical Society; served during the World War; for many years physician to the public schools of Plymouth; formerly on the staffs of the Jordan Hospital; aged 64; died, February 13, of coronary sclerosis.

Benjamin H. Swain ⊕ Ballston, Va.; George Washington University Medical School, Washington, D. C., 1906; for many years secretary of the Arlington County Medical Society; county coroner; aged 74; died, January 30, in the Alexandria (Va.) Hospital, of complications that followed appendicitis.

Thomas R. Pettway, Austin, Texas; Hospital College of Medicine, Louisville, Ky., 1875; member of the State Medical Association of Texas; formerly a druggist; past president of the Travis County Medical Society; for fifteen years member of the school board; aged 83; died, Dec. 12, 1933, of pneumonia.

Leon Van Horn, Philadelphia; Jefferson Medical College of Philadelphia, 1896; served during the World War; surgeon to the U. S. Public Health Service; in charge of the immigration health work at the Gloucester, N. J., station; aged 67; died, February 21, in St. Agnes' Hospital, of Ludwig's angina.

Floyd Patrick Smith ⊕ Trenton, Tenn.; University of Tennessee College of Medicine, Memphis, 1929; assistant director of the health department of Gibson County; served during the World War; aged 39; died, February 24, in the Methodist Episcopal Hospital, Memphis, of cerebral hemorrhage.

Jeffrey James Walsh ⊕ Providence, R. I.; Tufts College Medical School, Boston, 1918; also a pharmacist and dentist; formerly member of the city council; aged 51; on the staffs of the Rhode Island State Hospital and St. Joseph's Hospital, where he died, February 14, of pneumonia.

George Xavier Roberts, Chester, Vt.; University of Vermont College of Medicine, Burlington, 1896; member of the Vermont State Medical Society; served during the World War; aged 65; died, Dec. 18, 1933, of coronary thrombosis.

James Monroe Wicks ⊕ Jamaica, N. Y.; Cornell University Medical College, New York, 1905; on the staff of the Jamaica Hospital, Richmond Hill; aged 50; died, January 29, in Miami, Fla., of aplastic anemia.

John Schorb Meyer, Caldwell, Idaho; Central Medical College of St. Joseph, Mo., 1897; member of the Idaho State Medical Association; aged 77; died, January 27, of septicemia, following prostatectomy.

Henry Wilderman ⊕ Philadelphia; Medico-Chirurgical College of Philadelphia, 1916; aged 42; died, Dec. 20, 1933, of coronary thrombosis, at Bern, Switzerland, while abroad doing graduate work.

John Henry Hedley Scudder ⊕ Oakland, Calif.; Jefferson Medical College of Philadelphia, 1910; aged 50; died, January 25, of hypertrophy of the heart and sclerosis of the coronary arteries.

Edward Temple Willson, Winter Haven, Fla.; Columbia University College of Physicians and Surgeons, New York, 1896; aged 68; died, February 21, of coronary sclerosis and arteriosclerosis.

Robert Harold Donnell ⊕ San Diego, Calif.; Medical School of Maine, Portland, 1901; aged 55; died, January 26, in the Mercy Hospital, of acute toxic polyneuritis and hypertension.

Henry Solomon Stark ⊕ New York; College of Physicians and Surgeons in the City of New York, medical department of Columbia College, 1886; aged 71; died, January 31, of heart disease.

Rolland Aretus Welch ⊕ Bellevue, Mich.; University of Illinois College of Medicine, Chicago, 1915; formerly a medical missionary; aged 49; died, February 25, of cerebral hemorrhage.

Harold Van Cott, Salt Lake City, Utah; Rush Medical College, Chicago, 1903; member of the Utah State Medical Association; aged 60; died, February 15, of heart disease.

Samuel Wesley Thomas, Melcher, Iowa; Kentucky School of Medicine, Louisville, 1880; member of the Iowa State Medical Society; aged 85; died, March 6, of arteriosclerosis.

Mary Lane Mansur, Pasadena, Calif.; Hahnemann Medical College and Hospital, Chicago, 1899; aged 77; died, January 12, of coronary occlusion and arteriosclerosis.

John J. Peckham, Los Angeles; Hahnemann Medical College of Philadelphia, 1874; aged 83; died, January 19, of arteriosclerosis and hypertrophy of the prostate.

Neil Charles McKinnon, Brougham, Ont., Canada; Victoria University Medical Department, Coburg, 1885; L.R.C.S., Edinburgh, Scotland, 1885; died, January 16.

Constantine I. Sotel, Los Angeles; American University of Beirut School of Medicine, Beirut, Lebanon, Syria, 1911; aged 45; died, January 23.

Benjamin E. Thompson, Stoney Creek, Ont., Canada; University of Toronto Faculty of Medicine, 1891; formerly coroner; died, January 8.

James Bates Bennett, Baltimore; Baltimore Medical College, 1889; aged 65; died, January 21, of lobar pneumonia and chronic arthritis.

Edwin F. Guyon, Montpelier, Idaho; Medical College of Ohio; Cincinnati, 1891; aged 80; died, in January, at Pocatello, of senility.

Bureau of Investigation

JAD SALTS

Once Sold as a Kidney Cure, Now Advertised to the Obese

When one buys a "patent medicine" one buys a name and not a thing. The thing itself can change overnight; it is the name that remains a fixed quantity: Instance after instance could be cited to show how "patent medicines," while retaining the same name, have completely changed in composition. It is the name of a "patent medicine" on which the property value is built, a name that is invariably protected by a trade-mark which gives to the owner what is essentially a perpetual monopoly on it.

"Jad Salts" is a good example of the way in which nostrum-makers either change the composition of their products or change the alleged therapeutic virtues to suit the exigencies of trade—or both. The Bureau of Investigation gets many letters inquiring about Jad Salts. To quote from typical ones: A woman in New York City writes:

"Will you please advise me whether Condensed Jad Salts, which is advertised on the radio as a safe preparation for weight reduction, is harmless?"

A physician in Iowa writes:

"I have a patient using Jad Salts to reduce and wishes to know the merits or demerits of the same."

From Wisconsin a woman wrote:

"Would you please let me know whether Jad Salts are harmful to a healthy person?"

FAT people wanted
To Reduce by Quick, New JAD Method for 2¢ a Day
Now if you are fat you can eat your fill and yet grow thin—by the new JAD Method of reducing. Indeed, you can lose as much as seven full pounds the first week and look pounds lighter from the very first day.
Just take a little new Condensed JAD Salts in a glass of water before breakfast and make two small changes in your diet as explained in the folder that comes with the Condensed JAD Salts package. Now try this quick, easy way of taking off fat. YOU'LL SAY IT'S WONDERFUL. 30-day supply costs only 60¢ at all druggists. Remember—Condensed JAD Salts is urged as a poison-banishing agent—to eliminate body moisture and unhealthy bloating—not as a reducing one.

A photographic facsimile, greatly reduced, of a typical Jad Salts advertisement appealing to the obese. The obvious intent is to make the careless reader—and most advertisements are read carelessly—believe that Jad Salts will reduce weight. A careful reading, however, of the last sentence in the advertisement repudiates that idea.

For many years Jad Salts was advertised as a cure for kidney disease, and three times the product was declared misbranded under the National Food and Drugs Act because of the false and fraudulent claims made for it. This was in 1923. The government chemists reported at the time that analysis showed Jad Salts to consist essentially of a mixture of sodium phosphate, baking soda, citric and tartaric acids, with traces of lithium carbonate, potassium bicarbonate and hexamethylenamine. Part of the earlier advertising campaign for Jad Salts attempted to convince the public that meat was the "cause of kidney trouble." Some of the claims made in the older advertising were:

"Eating meat regularly eventually produces kidney trouble in some form or other."
"Meat Cause Of Kidney Trouble."
"Meat Injurious to the Kidneys."
"We are a nation of meat eaters and our blood is filled with uric acid."

Later the exploiters of Jad Salts dropped their references to meat but continued to advertise the nostrum as a treatment for "kidney trouble."

Somewhere around 1930 there must have been a serious slump in the kidney-cure game for about that time the entire advertising appeal was changed and Jad Salts then began to be advertised to the obese. The trend of the new advertising was to give the impression superficially that Jad Salts was an obesity cure. Yet the manufacturers had, buried in their advertising, the statement that "The salts are urged purely as a poison-banishing agent—not as a reducing. The change in food does the work." If one analyzes the present Jad Salts advertising it declares in effect that it is quite unnecessary to buy Jad Salts in order to reduce—which, of course, is a fact—but that any reduction must be brought about by cutting down on the food intake. While this is the technical thesis of Jad Salts advertising the obvious intent seems to be to make the public believe that Jad Salts is an obesity cure. In other words while the advertising, in screaming headlines and pictures, puts over the idea that Jad Salts is a reducing remedy, the same copy, *sotto voce*, declares that it is the dieting and not the "patent medicine" that brings about any reduction that may occur! Thus advertisements picturing grossly fat women reduced to sylphlike proportions, carry such headings, in large black-faced type, as:

"New Way to Lose Pound of Fat a Day."
"Look Pounds Lighter in an Hour."
"Now Take Off Fat a Pound a Day on a Full Stomach."

With the change of appeal, apparently there went a change in composition. The Jad Salts trade package has long carried what purports to be a qualitative statement regarding the alleged ingredients. Comparing the old with the new we find that the only alleged difference between the Jad Salts of today sold for obesity and the Jad Salts sold a few years ago for "kidney trouble" is that the trace of hexamethylenamine that they used to have in it has been dropped, as has also the baking soda. Otherwise, if the trade package is to be believed, the composition is the same. Thus:

FOR KIDNEY DISEASE	FOR OBESITY
Tartaric Acid	Tartaric Acid
Citric Acid	Citric Acid
Lithium Carbonate	Lithium Carbonate
Sodium Phosphate	Sodium Phosphate
Potassium Bicarbonate	Potassium Bicarbonate
Table Salt	Table Salt
Baking Soda	
Hexamethylenamine	

Still more recently the Jad Salts concern has put out a product that it calls "Condensed Jad Salts." According to the trade package, this contains the following substances:

Tartaric Acid	Glauber's Salt
Citric Acid	Magnesium Carbonate
Sodium Phosphate	Baking Soda

Here, then, we see, sold under what is essentially one name, three different products. It seems evident that the regular Jad Salts now being advertised to the obese, while a saline laxative, is an extremely mild one. The Condensed Jad Salts, by the addition of Glauber's Salt, is presumably more drastic.

One may assume that if the exigencies of the "patent medicine" business require further changes, we may find Jad Salts undergoing still a further transfiguration both in composition and in therapeutic claims and find it advertised for pathologic states not yet thought of. When one buys a "patent medicine" one buys a name—not a thing.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

HYPERSENSITIVENESS TO LIGHT

To the Editor:—I am attempting to treat a chronic skin disorder that is apparently an allergic manifestation of purely physical origin. The patient, a man of 54, has suffered with an eczematoid eruption involving only the exposed surfaces of his body for eight years. The lines of demarcation between the affected and the normal skin are clear cut at the collar level on the neck and at the cuff level on the wrists. He is much worse during the summer months than during the winter, and even a short exposure to the sun produces an intense itchy reaction. He is fairly comfortable on dark, cloudy days; his skin will blister readily on a few minutes' play of the sun, but without typical sunburn. He has been studied minutely and exhaustively, including cutaneous tests with food and contact proteins. There is no suggestion of pellagra. He has tried numerous diets. Dermatologists have treated him with ultraviolet radiation, which invariably makes him worse. That he is sensitive to such rays I have proved by mild exposure of a small area of uninvolved skin, and I believe that the ultraviolet rays of the sunlight are the essential offending factor. The difficulties of treatment are obvious. It is not practical to keep him in a darkened room the remainder of his life, and gradual exposures to the light seem to effect no tolerance whatever. I am wondering whether there is some substance which, when incorporated in a simple base and applied as an ointment, might remove the penetration of the ultraviolet rays, mindful that even the milder ointments irritate his skin. The only benefit noticed from local applications has been transient relief of the intense pruritus. Please omit name.

M.D., Georgia.

ANSWER.—This is an undoubted instance of hypersensitiveness to light, of which several reports have been recently made by Duke, Sellei, Weiss and others under the designations of urticaria solare, eczema solare, prurigo solaris and light allergy. In the older literature the cases of light sensitiveness are described under the two most common terms of summer prurigo and hydroa vacciniforme, the former being used to designate the milder cases of eczematoid and urticarial reaction and the latter for instances associated with vesicles and bullae.

It is interesting to know that as far back as 1862 Bazin described cutaneous reactions due to light sensitivity. For many years it has been known that hematoporphyrin is frequently found in cases of hydroa vacciniforme. Ehrmann (*Arch. f. Dermat. u. Syph.* **97**:75 1909) suggested that this chemical acts as a sensitizing substance and is the cause of the skin eruptions. In 1911 Hausmann (*Biochem. Ztschr.* **30**: 276, 1911) injected white mice with hematoporphyrin hydrochloride and found that on exposure to sunlight they scratched themselves and their skins became red and edematous. Meyer-Betz (*Deutsches Arch. f. klin. Med.* **112**:476, 1917) injected himself with hematoporphyrin, with resulting marked sensitiveness to light. H. L. Smith (Buckwheat Poisoning, *Arch. Int. Med.* **3**:350 [May] 1909), in discussing a case of buckwheat allergy in man, refers to the general problem of buckwheat poisoning in animals. He says that only white or white-spotted animals are affected. If they are kept in the dark, no poisoning results. If they are artificially blackened, they escape symptoms. He concludes that sunlight is the exciting cause. He calls attention to the fact that buckwheat contains phyloporphyrin, a derivative of chlorophyll, which closely resembles, chemically, hematoporphyrin and mesoporphyrin. Low (Anaphylaxis and Sensitization, Edinburgh, W. Green and Son, 1924) says that a substance similar to the phyloporphyrin found in buckwheat may occur in ordinary wheat or oatmeal and may be responsible for some cases of light dermatitis. Among other conditions that are apt to cause hematoporphyrinuria are sulphonal ingestion; liver insufficiency, particularly due to syphilis or alcohol; congenital functional or organic defects of the liver, and lead poisoning. Some doubt has been thrown on the incrimination of porphyrin as a cause of light sensitiveness by the experiments of Templeton and Lunsford (Eczema Solare and Porphyria, *Arch. Dermat. & Syph.* **25**: 691 [April] 1932). Following the finding of porphyrin in two cases of eczema solare, these authors exposed eleven non-light-sensitive individuals to ultraviolet irradiation and were able to demonstrate porphyrinuria in all of them. They are of the opinion, therefore, that porphyria is probably a result, rather than a cause, of dermal sensitization. The internal administration of quinine, acriflavine hydrochloride and other fluorescent substances has been reported to increase the sensitivity to light.

It is suggested that the patient be examined for hematoporphyrin and if it is found a search for the possible etiologic factors suggested be made, with particular reference to sulphonal, lead poisoning, liver insufficiency and buckwheat ingestion. If this is of no avail, the use of hydrochloric acid orally as suggested by Barber and Howitt may be tried. To diminish the penetration of ultraviolet rays, several substances have been suggested for local use. Disodium naphthol sulphonate probably offers the greatest possibility of success along this line. This may be incorporated in an ointment base to the extent of 5 per cent. If an ointment is undesirable, a 5 per cent solution in alcohol may be used locally.

WASSERMANN FAST SYPHILIS IN PREGNANCY

To the Editor:—For the past six years I have been treating a woman, now 30 years old, for syphilis—intensively in 1928-1930—with mercury and neoarsphenamine. In 1931 I gave her six injections of arsphenamine. Her veins got so bad that I had to finish up with neoarsphenamine. I continued during 1931-1933 with neoarsphenamine, bismuth salicylate and mercury, with rest periods of from six weeks to three months. I gave her twenty-eight injections of iodobismitol but cannot seem to get the blood Wassermann reaction below 2 plus. Finally a spinal fluid examination revealed a slight increase of globulin (Pandy, Noguchi), 9 cells per cubic millimeter, and a colloidal gold curve of 2322210000. The spinal fluid gives a negative Kolmer Wassermann reaction. From the report may I assume that my patient is Wassermann fast, that the spinal fluid is normal, that the cell count and colloidal gold curve can be accounted for by the use of iodobismitol, that she can go ahead and become pregnant without fear of syphilitic offspring and that she needs no more antisyphilitic treatment? May I have your views on the matter?

M.D., Michigan.

ANSWER.—The first assumption is correct. The patient is Wassermann fast. The other assumptions are false. The iodobismitol cannot be held responsible for the slight increase of globulin, the abnormal cell count and the weak colloidal gold reaction. They indicate an infection of the central nervous system. An examination of the spinal fluid earlier in the course of the disease would in all probability have given a more decided reaction. The patient needs more treatment, courses of foreign protein therapy of some sort and tryparsamide being alternated with the ordinary antisyphilitic remedies. The iodides should not be omitted.

After the spinal fluid and blood serum reactions have become wholly negative, the treatment can be decreased gradually; but a little treatment should be given each year for a long time, with serologic and clinical examinations at regular intervals, with special attention to nervous symptoms or signs.

The danger of infection of the fetus in so old a case after so much treatment is slight; but treatment should be given in all pregnancies for fear of one of the unexpected recurrences that are sometimes encountered. According to eminent authority, pregnancy should be a benefit to the patient in overcoming the syphilitic infection. J. H. Stokes (Clinical Syphilology, Philadelphia, W. B. Saunders Company, 1926, p. 24) writes: "So influential is pregnancy and lactation in reducing the severity of syphilis in women that one might almost speak of the bearing of children as a part of the treatment of the disease." Before deciding on the pregnancy, it would be wise to test the efficiency of the kidneys. Spinal puncture should not be made during pregnancy.

LEAD POISONING

To the Editor:—I should like to know whether a man working with sheet lead in the following ways is subject to lead poisoning or to any other industrial disease: 1. Hand forming of bowls and other utensils from sheet lead of the common variety and also sheet lead with 6 per cent antimony. 2. Polishing the same types of lead, with steel wool, by hand. 3. Lacquering these articles by brushing and by dipping, which includes certain fumes caused by a low temperatured drying bin. Any information you can give me regarding precautions to be taken in this type of work will be appreciated. Please omit name.

M.D., New York.

ANSWER.—1. Probably not. The handling of lead in the form of sheets or ingots rarely leads to lead poisoning. The presence of 6 per cent antimony with the lead is also unlikely to make antimony poisoning probable or to increase the likelihood of lead poisoning.

2. Yes. Polishing lead sheets with steel wool will generate some lead and antimony dusts. Lead poisoning is a reasonable expectancy. Practical protection may be secured by the consistent wearing of a respirator of suitable type. As one example of practical respirators for this operation, mention is made of the Willson No. 3 felt bag type.

3. The extent of danger from lacquer vapors primarily depends on the constituents of the lacquer. Rarely are these exactly the same for any two brands of lacquer. At present the most used substances in lacquer are not highly toxic but may cause moderate irritation of the respiratory tract, dermatitis and other ailments. Ordinarily, protection may be secured by the installation of an exhaust system in the drying room.

SODIUM THIOSULPHATE NOT RECOMMENDED IN MERCURIC CHLORIDE POISONING

To the Editor:—I am writing for an opinion as to the merits, contraindications, if any, and any other information as to the use of sodium thiosulphate in cases of corrosive mercuric chloride poisoning. A month ago I was called on to treat a young woman who in a fit of despondency took by mouth two tablets of corrosive mercuric chloride. By the time I could reach her bedside, three hours had elapsed and she was in a condition of shock and vomited almost continuously. I washed the stomach with weak soda water, beat up the whites of six eggs into 8 ounces of milk, and she succeeded in retaining nearly all of it. I then gave her intravenously 15½ grains (1 Gm.) of sodium thiosulphate, advised that she be kept warm, and urged that she be taken to a hospital as soon as possible, which would be in the early morning. This was not done because she felt considerably better. The following morning she had a mild diarrhea, which cleared up. Do you think the thiosulphate could have accomplished these remarkable results? If so, how? What chemical action took place? Last night I was called on to treat a second case of corrosive mercuric chloride poisoning in my office. This patient took one tablet, or 7⅗ grains (5 Gm.), and I instituted the same treatment within half an hour from the time she took it. She also was in shock and vomiting. Please give me your prognosis. Please omit name and address.

M.D., Louisiana.

ANSWER.—While sodium thiosulphate is a powerful reducing agent, precipitating, in the test tube, the mercury from a mercuric chloride solution first as mercurous chloride and then reducing it to metallic mercury, no such reaction occurs in a solution of mercury albuminate. In controlled animal experiments on mercurial poisoning, sodium thiosulphate proved of "no value as an antidote for mercury that has gained entrance into the circulation" (Haskell, C. C.; Henderson, W. C., and Hamilton, J. R.: Sodium Thiosulphate in Mercurial Poisoning, THE JOURNAL, Dec. 5, 1925, p. 1808). The probabilities are that the vomiting saved the patients.

NONSPECIFIC ERUPTION IN SYPHILIS

To the Editor:—A man, aged 30, presented himself, Oct. 4, 1933, complaining of a rash on the abdomen and thighs. Examination revealed a macular rash quite typical of secondary syphilis. There was no history of a primary lesion. Physical examination was essentially negative with the exception of the rash. The Wassermann and Kahn tests were reported 3+. Treatment consisted of eight doses of neoarsphenamine, 0.6 Gm. each, with but little effect. Sulpharsphenamine bismuth, 0.2 Gm., was then given for ten doses. Following the first few injections there was a decided improvement but after the sixth dose the rash again appeared and began to spread. I then changed to arsphenamine, 0.4 Gm. doses, of which he has now had three injections with but little effect. The rash now involves the trunk and both thighs. The Wassermann and Kahn tests are now reported 4+. Treatment is well tolerated. I would greatly appreciate any suggestions you can make regarding treatment. Kindly omit name.

M.D., Michigan.

ANSWER.—It is a not infrequent occurrence that an individual with a positive Wassermann reaction of long standing may develop a cutaneous eruption that is not syphilitic. A macular rash in the absence of a history of a recent primary lesion is probably not syphilitic. From the data at hand and especially the failure of vigorous antisyphilitic therapy to cause the rash to disappear, one must think of other macular eruptions, such as pityriasis rosea, pityriasis lichenoides chronica, dermatitis medicamentosa or toxic erythema. A biopsy would assist in establishing the macules as syphilis histologically. In view of the questionable character of the eruption it would appear to be safer to withhold further antisyphilitic treatment until the correctness of the diagnosis has been established. Some nonsyphilitic macular eruptions, such as pityriasis rosea, will disappear spontaneously in the course of a few weeks and are only slightly influenced by treatment. Mild doses of ultraviolet radiation might be of assistance.

INSULIN HYPOGLYCEMIA

To the Editor:—Will you kindly give me the main facts on the toxicity of insulin? Is insulin shock with the coma and hypoglycemia resulting from administration of insulin without food intake often fatal? If so, in what dosage? Please omit name.

M.D., Washington.

ANSWER.—Hypoglycemia due to insulin ("insulin shock") is rarely fatal. A fatal case is "news"; thus, one such was reported in the daily press from Russia. In all perhaps only ten cases have been reported, despite the fact that insulin is often used carelessly. One patient while in "insulin shock," but mistaken for diabetic coma, was given 30 units of insulin and shortly after another 30 units and died a few hours later. A child seen in insulin shock, likewise thought to be in diabetic coma, was given 200 units of insulin and died the next day. In disease of the myocardium a low blood sugar is supposed to be harmful and may induce an attack of angina pectoris, and it is possible that smaller doses than those mentioned may have caused fatalities. Proof of this is generally unsatisfactory and one need not fear trouble but, indeed, may secure benefit, if insulin with sufficient carbohydrate is conservatively employed in the treatment of heart disease.

One should distinguish between the toxic effect due to hypoglycemia and that brought about by an interaction between insulin and hypersensitive tissues. The latter results in local redness, swelling, and occasionally urticarial wheals. Such tissue responses have been described by F. N. Allan and L. R. Scherer (Insulin Resistance Due to Allergy, *Am. J. M. Sc.* **185:** 815 [June] 1933; Insulin Allergy, *Endocrinology* **16:**417 [July-Aug.] 1932). There are few, if any, fatal cases on record.

SECONDARY PAPULOPUSTULAR SYPHILID

To the Editor:—A man, aged 35, had a penile chancre six weeks ago and a positive Wassermann reaction. He had one intramuscular injection of a bismuth preparation and one intravenous injection of neoarsphenamine. These injections were given by another physician. About a week later the patient noticed a breaking out of body eruptions, appearing first on the scalp, then on the arms and legs, then on the body, and lastly on the face, which have persisted. These eruptions are papular and pustular, but mostly pustular and scaly. There is no itching. What was the cause of the condition? What to do? Please omit name and address.

M.D., Chicago.

ANSWER.—This patient has a secondary papulopustular syphilid. He should be vigorously treated with bismuth compounds and neoarsphenamine along the established lines of treatment for early syphilis. One of the following books may be consulted for the clinical manifestations of syphilis and its treatment: Clinical Syphilology, by Stokes, Treatment of Syphilis, by Schamberg and Wright, or any of the standard textbooks on dermatology.

EFFECTS OF SODIUM MORRHUATE IN VARICOSE VEINS

To the Editor:—Within the last four months I have made use of your lending library files on the subject of treatment of varicose veins by the injection method, with special interest in the use of sodium morrhuate. From the library I was unable to obtain the following information: 1. The action of sodium morrhuate as an obliterating agent, whether on the vein or on the contained blood. 2. Is the factor in the production of the sclerosis the unsaturated fatty acids in the sodium morrhuate? Please omit name.

M.D., Pennsylvania.

ANSWER.—1. The action of sodium morrhuate as an obliterating agent is both on the intima of the vein and on the contained blood. Injury to the endothelial cells lining the vein is the first factor needed in the production of any thrombosis.

2. In the case of sodium morrhuate it is supposed that this action is produced by the unsaturated fatty acids present plus the alkaline reaction produced by the hydrolytic action on the blood and tissue fluids.

TOXINS FROM CARCINOMATOUS GROWTHS

To the Editor:—Would you kindly inform me on how I may secure information as to whether or not toxins have been produced by malignant tumors grown outside the body? If so, have the toxins been analyzed from a chemical standpoint?

ISADORE GIVNER, M.D., New York.

ANSWER.—There is little positive information concerning this subject available in the literature. An excellent presentation can be found in Ewing's "Neoplastic Diseases."

FIBROSIS UTERI

To the Editor:—In Queries and Minor Notes in THE JOURNAL, February 24, page 639, Dr. Lawrence Parsons of Reno, Nev., inquired as to the pathology of fibrosis uteri. Permit me to state that in the experience of the laboratory of the Long Island College of Medicine these specimens universally show adenomyosis interna. In the larger uteri this is especially pronounced; in the smaller uteri the basal layer of endometrium is seen encroaching on the underlying muscle fasciculi. A review of the older specimens in our museum collection previously designated as fibrosis has confirmed this finding. The clinical symptom of bleeding is the result of these pathologic changes, probably initiated by a disturbance in the pituitary-ovarian relationship.

SAMUEL A. WOLFE, M.D., Brooklyn.

RICE FEVER

To the Editor:—In Queries and Minor Notes in THE JOURNAL, March 3, page 716, there was an inquiry from Dr. Milosh Kasich of New York regarding rice fever. The answer suggests malaria as the disease referred to but Dunglison's Medical Dictionary, revised edition (1866), gives rice disease as a synonym for cholera. As cholera swept China around 1820 (if my memory is not too far off), it would be reasonable to suppose that cholera was the disease referred to instead of malaria.

EDWIN M. JAMESON, M.D., Saranac Lake, N. Y.

Council on Medical Education and Hospitals

COMING EXAMINATIONS

AMERICAN BOARD OF DERMATOLOGY AND SYPHILOGY: *Written.* Examinations will be held in various cities, April 30. *Oral.* Cleveland, June 11-12. Sec., Dr. C. Guy Lane, 416 Marlboro St., Boston.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY: *Written (Group B Candidates).* The examinations will be held in various cities of the United States and Canada, April 7. *Oral* (all candidates), Cleveland, June 12. Sec., Dr. Paul Titus, 1015 Highland Bldg., Pittsburgh.

AMERICAN BOARD OF OPHTHALMOLOGY: Cleveland, June 11 and Butte, Mont., July 16. *Application must be filed at least 60 days prior to date of examination.* Sec., Dr. William H. Wilder, 122 S. Michigan Blvd., Chicago.

AMERICAN BOARD OF OTOLARYNGOLOGY: Cleveland, June 11. Sec., Dr. W. P. Wherry, 1500 Medical Arts Bldg., Omaha.

ARKANSAS: *Basic Science.* Little Rock, May 7. Sec., Mr. Louis E. Gebauer, 701 Main St., Little Rock. *Regular.* Little Rock, May 14-15. Sec., Dr. A. S. Buchanan, Prescott. *Homeopathic.* Little Rock, May 8. Sec., Dr. Allison A. Pringle, Eureka Springs. *Eclectic.* Little Rock, May 8. Sec., Dr. L. L. Marshall, 820 W. 14th St., Little Rock.

CALIFORNIA: *Reciprocity.* San Francisco, May 16. Sec., Dr. Charles B. Pinkham, 420 State Office Bldg., Sacramento.

COLORADO: Denver, April 3. Sec., Dr. William Whitridge Williams, 422 State Office Bldg., Denver.

IDAHO: Boise, April 3. Commissioner of Law Enforcement, Hon. Emmitt Pfost, 205 State House, Boise.

ILLINOIS: Chicago, April 10-12. Supt. of Regis., Dept. of Regis. and Edu., Mr. Eugene R. Schwartz, Springfield.

MINNESOTA: *Basic Science.* Minneapolis, April 3-4. Sec., Dr. J. Charnley McKinley, 126 Millard Hall, University of Minnesota, Minneapolis. *Medical.* Minneapolis, April 17-19. Sec., Dr. E. J. Engberg, 350 St. Peter St., St. Paul.

MONTANA: Helena, April 3. Sec., Dr. S. A. Cooney, 7 W. 6th Ave., Helena.

NATIONAL BOARD OF MEDICAL EXAMINERS: The examinations in Parts I and II will be held at centers in the United States where there are five or more candidates, May 7-9 (limited to a few centers), June 25-27, and Sept. 12-14. Ex. Sec., Mr. Everett S. Elwood, 225 S. 15th St., Philadelphia.

NEBRASKA: *Basic Science.* Omaha, May 1-2. Dir., Bureau of Examining Boards, Mrs. Clark Perkins, State House, Lincoln.

NEVADA: Carson City, May 7. Sec., Dr. Edward E. Hamer, Carson City.

NEW MEXICO: Santa Fe, April 9-10. Sec., Dr. P. G. Cornish, Jr., 221 W. Central Ave., Albuquerque.

RHODE ISLAND: Providence, April 5-6. Dir., Dr. Lester A. Round, 319 State Office Bldg., Providence.

WISCONSIN: *Reciprocity.* Milwaukee, April 5. Sec., Dr. Robert E. Flynn, 401 Main Street, LaCrosse.

Michigan October Examination

Dr. J. Earl McIntyre, secretary, Michigan State Board of Registration in Medicine, reports the written examination held in Lansing, Oct. 10-12, 1933. The examination covered 9 subjects and included 60 questions. An average of 75 per cent was required to pass. Ten candidates were examined, all of whom passed. The following schools were represented:

School	PASSED	Year Grad.	Number Passed
Rush Medical College		(1932), (1933, 4)*	5
Detroit College of Medicine and Surgery		(1933)*	1
University of Michigan Medical School		(1932)	1
New York University, University and Bellevue Hospital Medical College		(1928)	1
University of Pennsylvania School of Medicine		(1933)†	1
University of Western Ontario Medical School		(1932)†	1

* These applicants have completed their medical course and will receive their M.D. degree and Michigan license on completion of internship.

† License has not been issued.

Indiana Reciprocity Report

Dr. William R. Davidson, secretary, Indiana State Board of Medical Registration and Examination, reports 27 physicians licensed by reciprocity during 1933. The following schools were represented:

School	LICENSED BY RECIPROCITY	Year Grad.	Reciprocity with
University of Arkansas School of Medicine		(1929), (1932)	Arkansas
College of Medical Evangelists		(1925)	California
Colorado School of Medicine		(1906)	Iowa
Emory University School of Medicine		(1926)	Georgia
Northwestern University Medical School		(1930)	Utah
Indiana University School of Medicine		(1932)	Michigan
State University of Iowa College of Medicine		(1931)	Iowa
University of Louisville School of Medicine		(1926), (1928), (1931), (1932)	Kentucky
University of Michigan Medical School		(1929)	Michigan
St. Louis University School of Medicine		(1931)	Missouri
Washington University School of Medicine		(1926)	Missouri
Columbia Univ. College of Physicians and Surgeons		(1927)	New York
New York University, University and Bellevue Hospital Medical College		(1931)	New York
Medical College of Ohio		(1890)	Kentucky
Ohio State University College of Medicine		(1929), (1931)	Ohio
Western Reserve University School of Medicine		(1926)	Ohio
Jefferson Medical College of Philadelphia		(1913)	Penna.
Meharry Medical College		(1931)	Tennessee
University of Texas School of Medicine		(1913)	Texas
Albert-Ludwigs-Universität Medizinische Fakultät, Germany		(1922)	Ohio
Faculteit der Geneeskunde der Rijks-Universiteit te Leiden, Netherlands		(1908)*	California
University of Edinburgh Faculty of Medicine		(1919)	Nebraska

* Verification of graduation in process.

Book Notices

Benign Tumors in the Third Ventricle of the Brain: Diagnosis and Treatment. By Walter E. Dandy, M.D., Adjunct Professor of Surgery, the Johns Hopkins University. Cloth. Price, $5. Pp. 171, with 120 illustrations. Springfield & Baltimore: Charles C. Thomas, 1933.

This interesting monograph presents a series of twenty-one cases, chiefly tumors in the region of the third ventricle, which are a tribute to the courage and surgical expertness of the author. Considering the nature of these tumors, the mortality (33 per cent) has been reasonable and the postoperative results in the survivors must be a source of great satisfaction. One cannot help but wonder at the author's enthusiasm for ventriculography and surgical intervention when, in speaking of these tumors, he states that "their removal by surgical treatment is relatively simple and affords a permanent cure" and, later, "in every case the diagnosis and localization of the tumor can be made with precision and without risk by ventriculography." One remembers the author's own operative mortality, the realization by every neurosurgeon that tumors within this region constitute some of the most difficult cases, that ventriculograms are notoriously difficult of interpretation when the third ventricle is concerned, and that ventriculography is in nobody's hands entirely free from danger.

There are probably few monographs as carelessly written as the present one. Minor errors abound. For instance, on page 12 a previous operation is described as a "cerebral exploration" while on page 16 it is illustrated and described as a "cerebellar incision" [sic]. On page 18, figure 14 illustrates a ventriculogram in which both lateral ventricles are outlined by air with the explanatory note that the opposite (left) ventricle was filled by a second injection made on that side, whereas on page 19 it is stated that "it was not necessary to inject the opposite (left) lateral ventricle." On page 29 is the statement that "the lateral ventricle occupied the midline (figure 23)," but reference to this illustration clearly reveals the ventricle to one side of the midline. On page 152 is the incorrect statement "It is generally accepted that the external geniculate bodies are the way stations in the pathways for hearing." And on page 130 one finds "middle" where the "anterior" cerebral artery seems intended.

It would hardly seem necessary to record the numerous other errors of like character. However, one other tendency of the author merits comment. Throughout the book he constantly shifts back and forth between the present, past and past perfect tenses. At times this shift is from paragraph to paragraph, at other times from sentence to sentence. For the most part roentgenograms have been extremely well reproduced, but the frequent retouching and covering up of the interesting parts with lines and lettering makes it impossible for the reader to interpret them.

The discussion of the cases from the ventriculographic and surgical aspects is excellent but some statements may be challenged. For example, on page 154 the statement "Among the cases collected in the literature none were localized during life and none, therefore, were found at operation" is obviously incorrect. The presentation of the histories and neurologic observations contributes little or nothing to existing knowledge and ignores some well established facts, while the discussion of the pathologic nature of the tumors displays a profound ignorance of the microscopic character of the tumors with which the surgeon is dealing. On page 50 is a photomicrograph of a tumor designated an "ependymal glioma." This tumor bears not the slightest resemblance to either normal ependyma or the ependymomas well known to neuropathologists. On page 166 it is apparent that the author is aware

of this fact, but no reason for his obviously erroneous designation is given. In at least one instance (case 2, group II, pp. 47 and 161) the author has made a diagnosis of "ependymal glioma" in which the specimen was lost and apparently no microscopic sections were ever prepared. It is always regrettable when a leader in one field, in this instance neurosurgery, attempts to set himself up as an authority in another (neuropathology) about which he obviously knows so little.

There is a brief and incomplete bibliography of the literature. There is no index. The book presents an attractive appearance. All the illustrations have been well reproduced and the typography is clear and pleasing.

Medizinische Praxis: Sammlung für ärztlische Fortbildung. Herausgegeben von Prof. Dr. L. R. Grote, Chefarzt der inneren Abteilung des staatlichen Krankenstiftes Zwickau, Prof. Dr. A. Fromme, Direktor der chirurgischen Abteilung des Stadtkrankenhauses Dresden-Friedrichstadt, und Prof. Dr. K. Warnekros, Direktor der staatlichen Frauenklinik zu Dresden. Band XVII: Die Lungentuberkulose: Eine Einführung in ihre Entstehung, ihre Entwicklung und ihre Verlaufsarten. Von Prof. Dr. Hans Dietlen, Leitender Arzt der inneren Abteilung des Landeskrankenhauses des Saargebietes in Homburg. Paper. Price, 8 marks. Pp. 142, with 1 illustration. Dresden & Leipzig: Theodor Steinkopff, 1934.

This little book has the special merit of bringing together in brief form the numerous German theories on the origin of chronic pulmonary tuberculosis of adults. The multiplicity of these views and the lengthy arguments of German phthisiologists over complex details have created much confusion in the minds of American readers. Whether this confusion can be allayed even by such carefully compiled summaries as this one is doubtful. The author attempts the almost hopeless task of distinguishing, through a sufficiently comprehensive terminology, the wide variety of forms of tuberculosis of varying progression, on the basis of hematogenous reinfection from lesions of first infection, exogenous reinfection from without, and combinations of these two processes. The numerous interesting, concisely recorded case histories themselves bear witness to the difficulties in determining the origin of the process in individual cases. Yet the work will repay careful reading for the analyses the author has attempted. He devotes a short section to the treatment of pulmonary tuberculosis, but, while intending the book for physicians, he is more concerned with presenting the pathologic background.

Operating Room Procedure for Nurses and Internes. By Henry C. Falk, M.D., F.A.C.S., Clinical Professor of Gynæcology, New York University and Bellevue Hospital Medical College. With a foreword by Eugene H. Pool, M.D. Second edition. Cloth. Price, $3. Pp. 413, with 328 illustrations. New York & London: G. P. Putnam's Sons, 1934.

This should serve as an excellent manual for nurses in training for the operating room service. It likewise may be used as a reference textbook in their graduate duties. The material is well organized in a logical sequence. Starting from the simple arrangement of the operating room, it gives the nurse some understanding of the more common operations. The author has included more recent advances in surgical technic, especially that related to spinal anesthesia and to blood transfusion. The second part considers the various operative procedures in detail sufficient to enable the average nurse to follow the technic of the surgeon. This book also serves the purpose of instructing interns in operating room procedures.

Determination of the Sensitiveness of the Eye to Differences in the Saturation of Colours. By L. C. Martin, F. L. Warburton and W. J. Morgan. XIII, Reports of the Committee Upon the Physiology of Vision. Medical Research Council, Special Report Series No. 188. Paper. Price, 1s. Pp. 42, with 19 illustrations. London: His Majesty's Stationery Office. 1933.

The most significant result of the work described in this paper is that the existence of white is definable in terms of visual capacity rather than esthetic judgment. White is the sensation corresponding to the stimulus from which the least discriminable steps in purity tend at first to increase in mixtures from white toward color, reaching a maximum and then decreasing as pure spectral colors are approached. In the experiments that were done, the maximum discriminable step was reached half way between white and pure color, regardless of the number of steps. Any increase of retinal pigmentation interferes slightly with the results in the cases of blue and purple. In comparing complementary spectral colors representing the least perceptible steps from white toward color under equally bright conditions, the points obtained could be found to lie on an ellipse with white as its center. The apparatus used in this work is essentially a trichromatic colorimeter described by W. D. Wright, with modifications by the authors. This article is rather technical and is of particular interest to the physicist or physiologist rather than the clinician.

Food-Borne Infections and Intoxications. By Fred Wilbur Tanner, B.S., M.S., Ph.D., Professor of Bacteriology and Head of the Department, University of Illinois. Cloth. Price, $5.50. Pp. 439. Champaign: Twin City Printing Company, 1933.

Most of the material in this book is covered in books on the same subject by Savage, Jordan and others. No new point of view is presented, but an attempt is apparently made to bring together a large number of bibliographic references. Few if any topics, however, are treated with real bibliographic completeness, and the inadequacy of the index detracts somewhat from the value of the compilation. A few definite criticisms may be made. The author apparently favors a general examination of food handlers in large cities, although the general trend of opinion is against this, as an impossible task. In the chapter on the Salmonella group, the studies of White and of Kauffman on classification might have been profitably included. The style in which the book is written is not very careful or discriminating. "Cases" "eat," relative pronouns refer to what they will, and loose phrases, such as "some considerable time" (p. 60) are not uncommon. Proof reading should have been better: there are two obvious misprints in the two-stage "prefatory statement"; proper names are too often misspelled, once at least on the same page (p. 121) with the correct spelling; on page 308 the typhoid bacillus is referred to as "Shigella typhi." The verdict must be: perhaps useful but not indispensable.

Chirurgie plastique des seins. Par le Docteur Montant et le Docteur F. Dubois. Paper. Pp. 43, with illustrations. Paris: N. Maloine, 1933.

The authors point out that surgery of pendulous breasts exacts not only thorough technical skill but also a certain esthetic sense. Such artistry cannot be acquired from textbooks but issues from an innate and cultivated talent. The authors believe that necrosis of the nipples may be avoided in many cases by paying due attention to the perimamillary vascularization. These operations are exacting and time consuming. Careful dissection, meticulous hemostasis, thorough mobilization and the avoidance of shock must be aimed at. The brochure comprises twenty pages of text, the rest being allotted to pen drawings illustrating the technic of the operation for the relief of mammary pendulosity. The authors offer nothing new. The descriptive matter is a reiteration of the classic Morestin-Passot operation. There are no original thoughts or improvements introduced, unless one considers a pair of large scissors for the removal of fat a contribution to a surgical procedure that was standardized many years ago. The authors suggest two surgeons operating simultaneously, one taking care of one breast and the other working on the opposite side. This seems cumbersome and unnecessary. A two-stage procedure serves the interest of the patient best. Keloid formation is still the *bête noire* of plastic operations on the breasts. It is noted with regret that the authors accord chloroform first place on the list of anesthetics. The work is divided into a foreword, indications for operation, points of technic, and a description of the surgical displacement of the nipple. All in all, the booklet offers nothing new that has not been repeatedly described in standard works on the subject. No credit is given to the numerous surgeons who pioneered in this field.

La durée de la grossesse et ses anomalies. Par Henri Vignes, professeur agrégé à la Faculté. Paper. Price, 15 francs, Pp. 96. Paris: Masson & Cie, 1933.

This monograph, which is one of a series on practical medical and surgical subjects, deals with the duration of pregnancy and its anomalies. Vignes discusses the known facts and the numerous theories concerning the beginning of gestation, the causes of labor, the signs of fetal maturity, the usual length of pregnancy, premature labor and prolonged pregnancy. He has analyzed the French, German, British and American literature on this subject with his customary care, and for this reason the monograph will prove to be useful as a source of information.

Medicolegal

Unborn Child Entitled to Necessaries of Life.—An information was filed against Sianes charging him with violation of section 270 of the California Penal Code, which requires the father of a minor child to furnish necessary food, clothing, shelter and medical attendance. The section, as amended in 1925, provides that "a child conceived but not yet born is to be deemed an existing person in so far as this section is concerned." A demurrer filed on Sianes' behalf was sustained by the trial court, and the state appealed to the district court of appeal, fourth district, California. One of the questions raised by the demurrer was whether a man could be compelled to provide for an unborn child indirectly, when it was impossible to do so directly. The appellate court gave an affirmative answer, quoting with approval *People* v. *Yates,* 114 Calif. App. (Supp.) 782, 298 P. 961, in part as follows:

> It is obvious that food, clothing, and shelter cannot be furnished directly to an unborn child. The same is true of medical attendance and other remedial care. Consequently we cannot limit the meaning of necessities, in the case of an unborn child to those which can be directly furnished to it, for to do so would deprive the addition made to the section in that respect in 1925 of any meaning or effect—a result which is to be avoided, if possible, in construing statutes. [Citations omitted.] We must therefore hold that, as to unborn children, the statute contemplates indirect necessities, or those which are to be furnished through the mother.

The appellate court, however, because of a defect in the information, reversed the order of the trial court sustaining the demurrer and instructed the trial court to give permission to amend the information so as to correct the fault.—*People v. Sianes (Calif.), 25 P. (2d) 487.*

Malpractice: Unsuccessful Treatment as Evidence of Negligence.—Ordinarily, no presumption of want of skill or care arises from the fact that treatment by a physician is unsuccessful. There are exceptional cases, however, in which the result of an operation, if unexplained, may warrant an inference of negligence and be a circumstance entitled to consideration by the jury, when coupled with the other evidence. The fact, said the Court of Appeals of the District of Columbia, that treatment of a fracture of the plaintiff's leg was unsuccessful is a circumstance, when considered in connection with the other evidence in the case, tending to show want of skill on the part of the defendant and established a case for consideration by the jury. The trial court erred, therefore, in directing a verdict for the defendant.— *Crist v. White (District of Columbia), 66 F. (2d) 795.*

Workmen's Compensation Acts: Death Following Appendectomy Performed Incidental to Herniotomy.—The employee sustained a right inguinal hernia from an accident arising out of and in the course of his employment. A herniotomy was performed under local anesthesia, during the course of which the appendix appeared through the incision. The operating physician, who was provided by the employer, informed the employee that the removal of the appendix was a proper and usual procedure under the circumstances. With the patient's consent, the appendix was removed. As the result of the operation, the employee died of acute nephritis and peritonitis. The widow of the employee was awarded compensation for the death of her husand, and the employer and insurance carrier appealed to the Supreme Judicial Court of Maine.

The employer contended that this case is governed by Dulac's case, 120 Me. 324, 114 A. 293. In that case, the deceased employee received an epigastric hernia from an industrial accident. He had suffered for some time from an inguinal hernia and decided to have both of these corrected at the same time. With the surgeon, who was to operate to correct the condition caused by the accident, he made an independent contract for a new consideration for an operation for the inguinal hernia. As a result of the surgery, death ensued. It was impossible to determine whether one or the other operation or the combination of the two caused the death. Under those circumstances the Supreme Judicial Court of Maine held that it was a matter of conjecture whether the accident was the cause of death, and compensation was denied. These facts, continued the court, are different from those involved in the present case. In the Dulac case there were two distinct operations, and two separate incisions were necessary. In the present case, the removal of the appendix was an incident of the hernia operation. The employee had the right to rely on the judgment of the physician and, even though the removal of the appendix may have been unwarranted and a contributing cause of the death, the employer is nevertheless liable. The accident, in spite of the error of the physician, would still be the proximate cause of the death. The appeal of the employer and insurance carrier was therefore dismissed.—*Gauvin's Case (Me.), 167 A. 860.*

Society Proceedings

COMING MEETINGS

Alabama, Medical Association of the State of, Birmingham, April 17-19. Dr. D. L. Cannon, 519 Dexter Avenue, Montgomery, Secretary.

American Association of Genito-Urinary Surgeons, Hot Springs, Va., May 14-16. Dr. Henry L. Sanford, 1621 Euclid Avenue, Cleveland, Secretary.

American Association on Mental Deficiency, New York, May 26-29. Dr. Groves B. Smith, Beverly Farms, Godfrey, Ill., Secretary.

American Clinical and Climatological Association, Toronto, Canada, May 21-23. Dr. Francis M. Rackemann, 263 Beacon Street, Boston, Secretary.

American College of Physicians, Chicago, April 16-20. Mr. E. R. Loveland, 133 South 36th Street, Philadelphia, Executive Secretary.

American Gastro-Enterological Association, Atlantic City, April 30-May 1. Dr. Russell S. Boles, The Rittenhouse Plaza, Philadelphia, Secretary.

American Gynecological Society, White Sulphur Springs, W. Va., May 21-23. Dr. Otto H. Schwarz, 630 South Kingshighway, St. Louis, Secretary.

American Laryngological, Rhinological and Otological Society, Charleston, S. C., April 3-5. Dr. Robert L. Loughran, Bridgewater, Conn., Secretary.

American Otological Society, Atlantic City, April 6-7. Dr. Thomas J. Harris, 104 East 40th Street, New York, Secretary.

American Society for Clinical Investigation, Atlantic City, April 30. Dr. H. L. Blumgart, 330 Brookline Avenue, Boston, Secretary.

American Urological Association, Atlantic City, May 22-24. Dr. Gilbert J. Thomas, 1009 Nicollet Avenue, Minneapolis, Secretary.

Arkansas Medical Society, Little Rock, April 16-18. Dr. W. R. Brooksher, 602 Garrison Avenue, Fort Smith, Secretary.

Association of American Physicians, Atlantic City, May 1-2. Dr. James H. Means, Massachusetts General Hospital, Boston, Secretary.

California Medical Association, Riverside, April 30-May 3. Dr. Emma W. Pope, 450 Sutter Street, San Francisco, Secretary.

Connecticut State Medical Society, Bridgeport, May 23-24. Dr. Charles W. Comfort, Jr., 27 Elm Street, New Haven, Secretary.

District of Columbia, Medical Society of the, Washington, May 2. Dr. C. B. Conklin, 1718 M Street, N.W., Washington, Secretary.

Florida Medical Association, Jacksonville, April 30-May 2. Dr. Shaler Richardson, 111 West Adams Street, Jacksonville, Secretary.

Georgia, Medical Association of, Augusta, May 8-11. Dr. Allen H. Bunce, 139 Forrest Avenue, N.E., Atlanta, Secretary.

Illinois State Medical Society, Springfield, May 15-17. Dr. Harold M. Camp, Lahl Building, Monmouth, Secretary.

Iowa State Medical Society, Des Moines, May 9-11. Dr. Robert L. Parker, 3510 Sixth Avenue, Des Moines, Secretary.

Kansas Medical Society, Wichita, May 9-11. Dr. J. F. Hassig, 804 Huron Building, Kansas City, Secretary.

Louisiana State Medical Society, Shreveport, April 9-12. Dr. P. T. Talbot, 1430 Tulane Avenue, New Orleans, Secretary.

Maryland, Medical and Chirurgical Faculty of, Baltimore, April 24-26. Dr. Walter Dent Wise, 1211 Cathedral Street, Baltimore, Secretary.

Medical Library Association, Baltimore, May 21-23. Miss Marjorie J. Darrach, 645 Mullett Street, Detroit, Secretary.

Mississippi State Medical Association, Natchez, May 8-10. Dr. T. M. Dye, McWilliams Building, Clarksdale, Secretary.

Missouri State Medical Association, St. Joseph, May 7-10. Dr. E. J. Goodwin, 634 North Grand Boulevard, St. Louis, Secretary.

National Tuberculosis Association, Cincinnati, May 14-17. Dr. Charles J. Hatfield, Henry Phipps Institute, Philadelphia, Secretary.

Nebraska State Medical Association, Lincoln, May 22-24. Dr. R. B. Adams, Center-McKinley Building, Lincoln, Secretary.

New Hampshire Medical Society, Manchester, May 15-16. Dr. C. R. Metcalf, 5 South State Street, Concord, Secretary.

New York, Medical Society of the State of, Utica, May 14-16. Dr. D. S. Dougherty, 2 East 103d Street, New York, Secretary.

North Carolina, Medical Society of the State of, Pinehurst, April 30-May 2. Dr. L. B. McBrayer, Southern Pines, Secretary.

Northern Tri-State Medical Association, Flint, Mich., April 10. Dr. Herbert E. Randall, 503 South Saginaw Street, Flint, Mich., Secretary.

Oklahoma State Medical Association, Tulsa, May 21-23. Dr. L. S. Willour, Ainsworth Building, McAlester, Secretary.

South Carolina Medical Association, Charleston, May 1-3. Dr. E. A. Hines, Seneca, Secretary.

South Dakota State Medical Association, Mitchell, May 14-16. Dr. John F. D. Cook, Langford, Secretary.

Tennessee State Medical Association, Chattanooga, April 10-12. Dr. H. H. Shoulders, 706 Church Street, Nashville, Secretary.

Texas, State Medical Association of, San Antonio, May 7-10. Dr. Holman Taylor, Medical Arts Building, Fort Worth, Secretary.

Western Branch Society American Urological Association, Los Angeles, April 27-29. Dr. George W. Hartman, 999 Sutter Street, San Francisco, Secretary.

West Virginia State Medical Association, Huntington, May 14-16. Mr. Joe W. Savage, Public Library Building, Charleston, Executive Secretary.

Current Medical Literature

AMERICAN

The Association library lends periodicals to Fellows of the Association and to individual subscribers to THE JOURNAL in continental United States and Canada for a period of three days. Periodicals are available from 1925 to date. Requests for issues of earlier date cannot be filled. Requests should be accompanied by stamps to cover postage (6 cents if one and 12 cents if two periodicals are requested). Periodicals published by the American Medical Association are not available for lending but may be supplied on purchase order. Reprints as a rule are the property of authors and can be obtained for permanent possession only from them.

Titles marked with an asterisk (*) are abstracted below.

American Journal of Physiology, Baltimore

106: 505-758 (Dec. 1) 1933. Partial Index

Study of Metabolic Activity of the Pancreas. E. U. Still, A. L. Bennett and V. B. Scott, Chicago.—p. 509.

Factors Which Determine Renal Weight: XV. Relation Between Vitamin B (Old Terminology) and Protein Intakes. E. M. MacKay, La Jolla, Calif.—p. 571.

Rôle of Extremities in Dissipation of Heat. W. G. Maddock and F. A. Coller, Ann Arbor, Mich.—p. 589.

Studies on Coronary Circulation: II. Systolic and Diastolic Flow Through the Coronary Vessels. C. J. Wiggers and F. S. Cotton, Cleveland.—p. 597.

Disturbances of Reproduction and Ovarian Changes in the Guinea-Pig in Relation to Vitamin C Deficiency. M. M. Kramer, Mary T. Harman and Alice K. Brill, Manhattan, Kan.—p. 611.

Function of Nonmyelinated Fibers of the Dorsal Roots. G. H. Bishop, P. Heinbecker and J. L. O'Leary, St. Louis.—p. 647.

Possible Mechanisms of Contracting and Paying Oxygen Debt and the Rôle of Lactic Acid in Muscular Contraction. R. Margaria, H. T. Edwards and D. B. Dill, Boston.—p. 689.

Lactation in Diabetes. I. L. Chaikoff and W. R. Lyons, Berkeley, Calif.—p. 716.

Hyperguanidinemia Associated with Dehydration in Normal and in Parathyroidectomized Dogs. W. R. Bryan, A. S. Minot and L. L. Chastain, Nashville, Tenn.—p. 738.

Annals of Surgery, Philadelphia

98: 961-1130 (Dec.) 1933

*Subphrenic Abscess: Analysis of Three Thousand Three Hundred and Seventy-Two Collected and Personal Cases. A. Ochsner and A. M. Graves, New Orleans.—p. 961.

*Injury as Causative Factor in Development of Malignant Tumors. W. B. Coley and N. L. Higinbotham, New York.—p. 991.

Surgical Operations in Addison's Disease: Successful Epididymectomy and Orchidectomy for Tuberculosis. C. H. Greene, W. Walters and L. G. Rowntree, Rochester, Minn.—p. 1013.

Spontaneous Pneumothorax. G. P. Muller and F. Mogavero, Philadelphia.—p. 1018.

Lateral Aberrant Thyroid Glands. J. A. Lazarus and A. A. Rosenthal, New York.—p. 1023.

Prolapse of the Rectum. F. W. Rankin and J. T. Priestley, Rochester, Minn.—p. 1030.

Pruritus Ani: Its Etiology and Treatment. R. A. Scarborough, San Francisco.—p. 1039.

Nonspecific Granulomas of Intestines: Inflammatory Tumors and Strictures of the Bowel. L. Ginzburg and G. D. Oppenheimer, New York.—p. 1046.

Enterostomy in Ileus. R. Colp, New York.—p. 1063.

Intussusception Due to Invaginated Meckel's Diverticulum: Report of Two Cases with a Study of One Hundred and Sixty Cases Collected from the Literature. H. N. Harkins, Chicago.—p. 1070.

Synovectomy of the Knee Joint in Chronic Arthritis. M. A. Bernstein, Chicago.—p. 1096.

Situs Transversus Viscerum: Report of Case with Cholelithiasis. J. M. Troutt, Hot Springs National Park, Ark.—p. 1109.

Subphrenic Abscess.—The technic of Ochsner and Graves of the "retroperitoneal operation" is in part as follows: Under paravertebral block analgesia an incision is made over and parallel to the twelfth rib. The entire twelfth rib is resected subperiosteally. The erector spinae mass of muscles is retracted medially and a transverse incision is made at right angles to the spine across the bed of the resected rib at the level of the spinous process of the first lumbar vertebra. This incision passes through the bed of the twelfth rib and the attachment of the diaphragm. After the diaphragm has been incised, the renal fascia is encountered. This is continuous above and anteriorly with the posterior parietal peritoneum. The kidney is displaced downward by means of the index finger and the infrahepatic space is palpated. In those cases in which an abscess of the right posterior superior space is suspected, the peritoneum on the undersurface of the diaphragm can be separated from the diaphragm by means of the finger. This separation may be carried upward as far as the dome of the liver and should be extended until the abscess is reached. By means of the mobilizing finger the abscess cavity is opened by plunging the finger through the abscess wall which is adherent to the mobilized parietal peritoneum. Large, soft, fenestrated rubber tubes are introduced into the abscess cavity and brought out through the wound. Through this incision, adequate evacuation of abscesses located in the right posterior superior, right extraperitoneal, right inferior, and even occasionally right anterior superior spaces may be accomplished without traversing or contaminating either the pleural or peritoneal cavities. Abscesses located in the right anterior superior, right inferior, left anterior inferior and left superior spaces can be drained extraperitoneally through the anterior abdominal wall. Abscesses of the right inferior space can be drained by the retroperitoneal approach. In those cases in which there are abscesses above the liver, the suppurative process can be approached and drained extraperitoneally without contaminating uninvolved pleura or peritoneum by employing an approach suggested by Clairmont. The authors exemplify the technic of the retroperitoneal operation by the low mortality rate (9.7 per cent) obtained following its use in thirty-one cases in which they operated. In their analysis of 3,322 cases of subphrenic abscess collected from the literature and fifty personal cases, the authors found that the incidence is higher in men than in women. They give the mortality rates in the personal and collected cases and state that in order to decrease the mortality it is necessary to avoid contamination of uninvolved portions of the pleura and peritoneum during drainage. This can be accomplished best by draining the abscess extraperitoneally.

Injury as Cause of Malignant Tumors.—After a study of their 205 cases, Coley and Higinbotham conclude that: 1. A single local trauma may be an important factor, probably the determining factor, in the development of malignant tumors of all types. 2. Trauma is a causative factor in a larger proportion of cases of sarcoma than of carcinoma, and in a larger proportion of bone sarcomas than of soft-part sarcomas. 3. The interval of time elapsing between the injury and the appearance of the tumor is often much shorter than is recognized by most writers. In the majority of cases the tumor develops within the first month or six weeks of the injury, but in a considerable number of cases it may develop within one or two weeks. The latter cases justify the classification of acute traumatic malignant conditions originally suggested by the English surgeons. The foregoing examples furnish convincing evidence of the actuality of such a condition. 4. While courts and compensation bureaus both in this country and in Europe have generally recognized single trauma as a competent producing cause of all types of malignant tumors, it is only fair to the insurance carriers that each case be studied and judged on its own merits. 5. If the case in question fulfils all the conditions laid down by Segond, a causal relationship between the injury and the tumor must be admitted.

Laryngoscope, St. Louis

43: 955-1022 (Dec.) 1933

Nasal Deformities and Their Repair. V. H. Kazanjian, Boston.—p. 955.

Bovine Cartilage in Correction of Nasal Deformities. P. S. Stout, Philadelphia.—p. 976.

Parapharyngeal Abscess Following Tonsillectomy: Extreme Hyperpyrexia, Operation and Recovery. J. G. Gilbert, Brooklyn.—p. 980.

Electrical Disturbances in the Cochlea Produced by Sound. J. Guttman, New York.—p. 983.

The Hard of Hearing School Teacher. H. Newhart, Minneapolis.—p. 986.

Leprosy of the Eye, Ear, Nose and Throat. F. J. Pinkerton, Honolulu, Hawaii.—p. 991.

Double Brain Abscess: Case. H. D. Newkirk, Anaheim, Calif.—p. 1002.

Intracranial Complications Appearing During Treatment of Ear and Nose Diseases. E. Reeves, Passaic, N. J.—p. 1010.

Maine Medical Journal, Portland

24: 229-246 (Dec.) 1933

The Abused Ovary. A. H. McQuillan, Waterville.—p. 230.

Goiter in Dentistry. W. D. Anderson, Portland.—p. 234.

Medical Annals of District of Columbia, Washington

2: 277-308 (Dec.) 1933

Thorotrast Encephalography by Cisterna Puncture: Preliminary Report of Experimental Studies. F. O. Coe, L. S. Otell and O. F. Hedley, Washington.—p. 277.

*Ventriculography and Encephalography by Means of Thorium Dioxide Sol. H. H. Schoenfeld and W. Freeman, Washington.—p. 279.

Pregnancy in Heart Disease. W. B. Daniels, Washington.—p. 282.

Fundamentals of Internal Medicine: Diseases of the Heart. W. M. Yater, Washington.—p. 291.

Encephalography by Means of Thorium Dioxide Sol.—Schoenfeld and Freeman present two cases of encephalography in which thorium dioxide sol was used. The great theoretical advantages of colloidal thorium dioxide, in their opinion, are that its use in encephalography does not deprive the brain of its buoyant cushion of fluid, and that its greater specific gravity brings the contrast medium into the most dependent portions of the ventricular system, such as the temporal horns and the floor of the third ventricle, locations that are difficult to demonstrate in cerebral pneumography. These dependent portions also are nearer the sensitized film and are therefore delineated more sharply. The opaque medium escapes along the lymphatic pathways, clearly outlining the roots and peripheral nerves, and is carried eventually to the regional lymph nodes and into the general circulation. When injected into the cisterna magna of animals the cisterns and fluid pathways are plainly demonstrated, and the material is carried off both by the blood stream and along the lymph canals that accompany the olfactory and optic nerves. The material is still visualized in the arachnoid meshes after two months, but in small quantities, and that which was introduced into the ventricles disappears in a few days, only a small amount remaining in the most dependent portions. Animals tolerate the injections well. The authors used about 5 cc. of thorium dioxide sol, mixed it intimately with cerebrospinal fluid and then injected it in one case into the left lateral ventricle and in the other into the subarachnoid space over the occipital pole.

Michigan State M. Society Journal, Grand Rapids

32: 637-688 (Dec.) 1933

*Abscess of Lung. J. Alexander and C. Haight, Ann Arbor.—p. 637.

Varicose Veins. E. A. Osius, Detroit.—p. 641.

Incidence and Prophylaxis of Epidermophytosis in School Children. L. W. Shaffer and W. R. Cary, Jr., Detroit.—p. 648.

Acute Cerebral Injuries. H. E. Randall, Flint.—p. 652.

Preface to Endocrine Therapy. N. F. Miller, Ann Arbor.—p. 655.

Ovarian Disease, Especially in Relation to the Painful Breast. J. E. Rosenfeld, Battle Creek.—p. 656.

Commercial Exploitation of Vitamin D. H. R. Roehm, Birmingham.—p. 659.

Green Pastures Nearer Home. W. J. Stapleton, Jr., Detroit.—p. 661.

Banti's Disease in a Fifteen-Year-Old Girl: Case. O. A. Brines, Detroit.—p. 665.

Abscess of Lung.—Alexander and Haight point out that abscess of the lung following operations about the upper respiratory passages can be frequently prevented by the preoperative correction of poor oral hygiene, by the use of a light anesthesia and a 15 degree Trendelenburg position to prevent aspiration of oral secretions during operation, and finally by the postoperative use of carbon dioxide inhalations and the encouragement of expectoration of any secretions that may have gained entrance to the lower respiratory tract. The frequency with which pulmonary abscess develops after the aspiration of foreign bodies demands that any case of foreign body or of a suspected foreign body that is nonopaque to the x-rays should be treated immediately by bronchoscopy in order to prevent the sequelae that invariably follow delayed removal. In elderly persons with an impaired cough mechanism, pulmonary abscess may result from the retention of infected secretions that have been aspirated during sleep. For this reason it is important that faulty oral hygiene should be corrected promptly. Pulmonary abscess may be caused by a variety of organisms, most important of which are the spirochetes and fusiform bacilli of the mouth.

Missouri State Medical Assn. Journal, St. Louis

30: 467-518 (Dec.) 1933

Diagnosis of Acute Intestinal Obstruction. T. G. Orr, Kansas City, Kan.—p. 467.

Gastric and Duodenal Ulcer: Principles of Medical and Surgical Management. J. W. Thompson and H. W. Soper, St. Louis.—p. 470.

Certain Disorders of the Colon. H. G. Bristow, St. Louis.—p. 476.

Transurethral Prostatectomy: Indications and Limitations. J. H. Sanford, St. Louis.—p. 479.

*Schilling Differential in Infections and in Hypertrophic (Degenerative) Arthritis. C. L. Steinberg, Rochester, N. Y.—p. 485.

Ultimate Results in Thyroidectomy for Thyrotoxicosis. J. C. Lyter, St. Louis.—p. 487.

Uses of Elastic Adhesive Bandage. W. J. Gallagher, St. Louis.—p. 490.

Congenital Duodenal Ulcer with Perforation: Report of Case. E. Moody, Joplin, and W. M. Howard, Carthage.—p. 494.

Method of Skeletal Traction for Neck Extension. B. L. Neubeiser, St. Charles.—p. 495.

Schilling Differential Blood Count in Arthritis.—In a group of 150 cases under observation or treatment for arthritis, Steinberg selected twenty-six for Schilling differential blood count studies because of definite organic observations in the points. Of the twenty-six patients, seven presented hypertrophic arthritis and eighteen infectious arthritis. One patient gave a mixed picture of infectious and hypertrophic arthritis. The youngest member in the hypertrophic group was 53 and the oldest 72 years of age, and in the atrophic group the youngest patient was 21 and the oldest 66. The average age was 38.2 years. The organism was fairly definitely established in seven cases of the latter group. Three were gonorrheal in nature and in four the hemolytic streptococcus was present in the tonsil or in the joint. In the rest the organism was not isolated. The author's results agree with the current literature that there is a definite shift to the left in the Schilling differential blood count in cases of infectious arthritis as compared with hypertrophic arthritis.

New England Journal of Medicine, Boston

209: 1137-1190 (Dec. 7) 1933

Prevention and Control of Tuberculosis in Commonwealth of Massachusetts, with Especial Reference to Institutional Care and Early Diagnosis. F. T. Lord, Boston.—p. 1137.

Treatment of Comminuted Colles Fracture in Elderly Patients. G. E. Haggart, Boston.—p. 1140.

Second Primary Cancer in Cases of Cancer of the Buccal Mucosa: Mathematical Study of Susceptibility to Cancer. C. C. Lund, Boston.—p. 1144.

Methylene Blue in Treatment of Urinary Tuberculosis. B. E. Greenberg and M. L. Brodny, Boston.—p. 1153.

Studies of Reproduction in the Rat: II. Effect of Changes in Energy Production on Fertility, Pregnancy and Lactation. D. Macomber, Boston.—p. 1160.

Progress in Laryngology. L. A. Schall, Boston.—p. 1162.

Fatal Case of Amebic Dysentery: Preliminary Report. D. D. Scannell, Boston.—p. 1171.

New Orleans Medical and Surgical Journal

86: 355-436 (Dec.) 1933

Heart Disease: Incidence, Cause and Treatment of Some of the Common Types. L. W. Brock, McComb, Miss.—p. 355.

Some Considerations of Several Important Etiologic Types of Heart Disease. J. H. Musser, New Orleans.—p. 356.

Prognosis in Coronary Disease. L. J. Clark, Vicksburg, Miss.—p. 365.

Contagion in Heart Disease. G. C. Terrell, Prentiss, Miss.—p. 370.

Stab Wound of the Heart. P. D. Abramson, Shreveport, La.—p. 376.

Evaluation of Symptoms of Chronic Aural Suppuration. J. R. Hume, New Orleans.—p. 380.

Acute Sinusitis. L. S. Gaudet, Natchez, Miss.—p. 383.

Spontaneous Epistaxis. D. C. Montgomery, Greenville, Miss.—p. 387.

Treatment of Chronic Osteomyelitis with Live Maggots. R. J. Field and S. E. Field, Centreville, Miss.—p. 392.

Pennsylvania Medical Journal, Harrisburg

37: 199-278 (Dec.) 1933

Bright's Disease: Newer Orientation Regarding Classification, Pathogenesis and Treatment. W. S. McCann, Rochester, N. Y.—p. 199.

Widening Field of Radiology. H. K. Pancoast, Philadelphia.—p. 206.

Vaginal Discharges and Their Treatment. R. W. Mohler, Philadelphia.—p. 210.

Diagnosis and Treatment of Sterility in Women. B. M. Anspach, Philadelphia.—p. 214.

Three Hundred Consecutive Eye Injuries. J. J. Monahan, Shenandoah.—p. 219.

Symptomatology, Diagnosis and Treatment of Nephroptosis. J. C. Birdsall, Philadelphia.—p. 223.

Nutrition in Chlidren: From the Standpoint of a Medical Adviser of the State Emergency Relief Committee. H. T. Price, Pittsburgh.—p. 227.

Effect of Economic Crisis on Nutrition of School Children. A. M. Kerr, Pittsburgh.—p. 232.

Diseases of the Chest and of the Abdomen: Their Mimicry of Each Other. D. Riesman, Philadelphia.—p. 234.

Conditions That Require Nephrectomy. W. L. Estes, Jr., Bethlehem.—p. 237.

Cure of Inguinal Hernia. C. F. Nassau, Philadelphia.—p. 242.

Southern Medical Journal, Birmingham, Ala.

26: 1013-1098 (Dec.) 1933

J. Marion Sims: An Appreciation. I. Abell, Louisville, Ky.—p. 1013.
Rationale of Surgery of Sympathetic System. E. P. Lehman, University, Va.—p. 1019.
Hyperinsulinism and Epilepsy: Presentation of Patients and Case Reports. S. Harris, Birmingham, Ala.—p. 1026.
Hydropneumopericardium: Report of Case with Summary of Recent Literature. G. W. Parson, Texarkana, Texas.—p. 1034.
Some Observations on Eczematous Reaction Evoked by Skin Diseases. A. L. Glaze, Birmingham, Ala.—p. 1036.
Paroxysmal Hemoglobinuria: Case Report. S. F. Rosen, Savannah, Ga.—p. 1038.
Urologic Clinic. N. F. Ockerblad, Kansas City, Mo.; R. R. Callaway, C. W. Shropshire, W. F. Scott and J. P. Robinson, Birmingham, Ala.—p. 1044.
Roentgenologic Findings in Metastatic Staphylococcic Infections of the Kidney and Perinephrium. C. H. Heacock, Memphis, Tenn.—p. 1051.
Treatment of Fractures in the Lower Third of the Leg. W. B. Carrell, Dallas, Texas.—p. 1054.
Personal Futile Attempts to Prove Infectious Origin of Chronic Arthritis. J. A. Key, St. Louis.—p. 1059.
Dietary Errors in Southern States. F. Wilkerson, Montgomery, Ala.—p. 1062.
Relation of Problem of Mental Disease and Mental Deficiency to Society. W. D. Partlow, Tuscaloosa, Ala.—p. 1066.
*Erysipeloid Occurring Among Workers in a Bone Button Factory. G. B. Lawson, Roanoke, Va., and M. S. Stinnett, Buchanan, Va.—p. 1068.
Long Standing Fever Proved to Be Malta Fever: Case. R. Bayne, Selma, Ala.—p. 1070.
The New Era in Prescribing. H. L. Dwyer, Kansas City, Mo.—p. 1071.
Student Preceptor System in Clinical Clerkship Work. J. W. Moore, Louisville, Ky.—p. 1074.

Erysipeloid Occurring in Bone Button Factory Workers.—Lawson and Stinnett describe a condition of erysipeloid that occurred among workers in a bone button factory at Buchanan, Va. The bones used are cattle bones obtained from slaughter houses from South America, Europe and Chicago. The factory employs from 150 to 210 workers, including the women sorters and packers. Since the beginning of operations in the factory in Buchanan, from late November 1930 to Dec. 20, 1931, there have been 210 cases of erysipeloid under observation, mostly among the men sawing the bones or cutting out the buttons from the sawed slabs. The infection has started only after some skin injury. A man not associated with the factory became infected through abrasions on the back of his hand while putting bone meal on his yard. An infection occurred on the knee after it had been bruised against a machine, another on the foot from a cut due to a piece of sharp bone that dropped and pierced the shoe. All the others occurred on the hands, except eight further cases, five of which involved the eyes and three the bronchial tubes. After the initial injury the infection, as a rule, is apparent on the third or fourth day and may last from fourteen to twenty-one days. A few of the milder cases clear up in nine days. From the point of injury the inflammation gradually spreads, eventually taking in a large part of the hand. Its edges generally are well defined. Sometimes it may clear up in a finger originally infected and then spread down another; in a few cases the process has even gone back down the finger that had previously cleared up. The parts involved are swollen, rather immobile, tender and feverish, and there is much local pain. There seems to be no permanent general immunity nor any permanent local immunity. Many have had repeated attacks in the same hand or even in the same finger. The swelling rarely goes above the wrist. Sometimes there is lymphatic streaking and occasionally enlargement of the epitrochlear, rarely of the axillary, nodes. Some of the patients complained of severe pain in the shoulder on the involved side. A 10 per cent salicylic acid ointment as recommended by Gilchrist seems to help a great deal.

West Virginia Medical Journal, Charleston

29: 497-544 (Dec.) 1933

The Surgeon of the Future: Oration on Surgery. W. S. Fulton, Wheeling.—p. 497.
Surgery for Cancer of Stomach: Notes. F. W. Rankin, Lexington, Ky.—p. 502.
Practical Points in Obstetrics. H. G. Steele, Bluefield.—p. 508.
Causes and Treatment of Uterine Bleeding. W. Neill, Jr., Baltimore.—p. 514.
Some Trends in Medical Economics. R. G. Leland, Chicago.—p. 519.
Fractures of the Mandible. C. B. Wright, Huntington.—p. 525.
Cancer of Buccal Mucous Membrane and the Jaw. J. E. Hubbard, Huntington.—p. 527.
A Voice from Contract Practice. H. R. Hicks, Killarney.—p. 530.

FOREIGN

An asterisk (*) before a title indicates that the article is abstracted below. Single case reports and trials of new drugs are usually omitted.

Archives of Disease in Childhood, London

8: 367-434 (Dec.) 1933

Studies in Anemias of Infancy and Early Childhood: Part IX. Anemia and Reticulo-Endotheliosis. R. Gittins.—p. 367.
Lipiodol in Diagnosis of Congenital Esophageal Atresia. C. F. Brockington and R. Lightwood.—p. 397.
Double Aortic Arch. C. E. Snelling and I. H. Erb.—p. 401.
Incidence of Sugars in Urine of Infants and Children. M. Fikri and M. A. El-Sayed.—p. 409.
Infantile Sepsis and Its Nutritional Effects. A. G. Ogilvie.—p. 413.
*Nutritional Disease of Childhood Associated with a Maize Diet. Cicely D. Williams.—p. 423.

Nutritional Disease of Childhood Associated with a Maize Diet.—Williams describes a disease occurring in the Gold Coast Colony in children of either sex between the ages of 1 and 4 years. The disease appears to take from four to twelve months to declare itself. There is a history of deficient breast feeding, and the only supplementary food used is a preparation of maize. The lesions of the skin are extensive, well marked and characteristic. They may be accompanied by slight edema of the extremities. The mucous membranes are often inflamed and ulcerated and the saliva is frequently acid. In the late stages, corneal ulcers are often present. The nervous system shows persistent irritability, but the reflexes are normal. The temperature is irregular and the pulse is rapid. There is no great anemia, and the blood shows no leukocytosis. The Wassermann reaction is negative, and no parasites are to be found in the blood except when there is associated malaria. There is a tendency to vomiting, and in chronic cases wasting may be severe. Diarrhea occurs and becomes persistent in the later stages. The stools show undigested food but no ova or parasites. The liver and spleen may be enlarged. The respiratory system is not necessarily affected. The urine may show a trace of albumin. At postmortem examination nothing characteristic is found except a fatty, almost diffluent, liver. There may be some degeneration of the kidneys. The treatment consists in the administration of an adequate diet rich in accessory substances.

Bristol Medico-Chirurgical Journal

50: 201-306 (Winter) 1933

Recent Advances in the Etiology, Diagnosis and Treatment of Cancer. C. A. Joll.—p. 201.
Present Position of Radium Therapy. Sylvia B. Wigoder.—p. 233.
Bacillus Coli Infections of Female Urinary Tract. H. J. D. Smythe.—p. 243.
Use of Ventral Position in Treatment of Tuberculous Disease of Spine in Children. K. H. Pridie.—p. 261.

British Journal of Children's Diseases, London

30: 249-334 (Oct.-Dec.) 1933

*Congenital Syphilis in Low-Grade Mentally Defective Children. K. C. L. Paddle.—p. 249.
An English Case of Pellagra. L. Cole.—p. 262.
Sublingual Ulcer, with Especial Reference to Riga's Disease. A. Moncrieff.—p. 268.
Lateral Tilts of Pelvis in Children. E. Cyriax.—p. 274.

Congenital Syphilis in Mentally Defective Children.—Paddle examined the blood and cerebrospinal fluid of 402 mostly low-grade mentally defective children. The Wassermann reaction and Meinicke macroclarification reaction were done on the blood serum and the Wassermann reaction, the colloidal gold test, the Pandy test and cell estimations were done on the cerebrospinal fluid. Forty-six cases gave various reactions in the blood or cerebrospinal fluid, and 356 were serologically negative. Of the forty-six, thirty-five were considered to harbor congenital syphilis. Two of the 356 cases were, on clinical grounds, also considered congenitally syphilitic, giving a total of thirty-seven cases of hereditary syphilis, or an incidence of 9.2 per cent. The Wassermann reaction in the blood of these children was, in the majority of instances, much more sensitive than the Meinicke macroclarification reaction; the reverse appears to be the case in adults. In the group of congenital syphilis, twelve children presented abnormal cerebrospinal fluids. The cerebrospinal fluid of five gave strong paretic types of curve, associated with positive Wassermann reactions, increase of cells and protein, but none of these cases

could on clinical grounds be regarded as juvenile dementia paralytica. The cerebrospinal fluid of twenty-nine mongols failed to give any type of curve with the colloidal gold reaction. In 60 per cent of the congenitally syphilitic boy defectives there was a marked retardation in the descent of the testicles. This contrasts with 39 per cent in a comparable group of nonsyphilitic subjects.

British Medical Journal, London

2: 1057-1102 (Dec. 9) 1933

Eugenics—and the Doctor. Horder.—p. 1057.
Late Surgical Complications of Fracture of the Mandible. H. Gillies and A. H. McIndoe.—p. 1060.
*Cronin Lowe Serum Reaction for Malignancy. Jocelyn Patterson and J. Adler.—p. 1063.
Simple Achlorhydric Anemia in Adult Males. F. P. Weber and W. Weisswange.—p. 1066.
Seasonal Incidence of Eclampsia in Hong-Kong. R. E. Tottenham.—p. 1067.
Hormones and Genetics: Being a Consideration of Some of the Factors Concerned in Response Made by Certain Tissue Cells to Hormonic Influences. C. J. Bond.—p. 1085.

Cronin Lowe Serum Reaction for Malignant Conditions.—Patterson and Adler used Lowe's reaction for malignant conditions in a series of fifty-nine cases, of which twenty were definitely malignant and thirty-five were nonmalignant but pathologic, while four cases remain unclassified because the presence or absence of a malignant condition could not be decided on with certainty. The reaction, according to their observations, was capable of providing the correct result in only twenty-two cases, or 60 per cent.

Indian Medical Gazette, Calcutta

68: 665-724 (Dec.) 1933

Some Country Beers of India. R. N. Chopra and G. S. Chopra.—p. 665.
Pseudarthrosis of Humerus. H. R. Rishworth.—p. 676.
Volvulus of the Sigmoid. P. Banerjee.—p. 677.
Complete Transposition of the Viscera. T. Seshachalam and K. K. Rao.—p. 680.
Phrynoderma: Condition Due to Vitamin Deficiency. L. Nicholls.—p. 681.
Value of Ascitic Fluid for the Wassermann Reaction and Agglutination Tests with Dysentery Organisms: Note. M. V. Rao.—p. 687.
Cause of Damage to Optical Glass in the Tropics. H. W. Acton.—p. 688.
Anemia of Leishmania-Infected Hamster. L. E. Napier and L. R. Sharma.—p. 690.

Journal of Physiology, London

80: 113-220 (Dec. 5) 1933

Carbonic Anhydrase: Its Preparation and Properties. N. U. Meldrum and F. J. W. Roughton.—p. 113.
The State of Carbon Dioxide in Blood. N. U. Meldrum and F. J. W. Roughton.—p. 143.
Occurrence of Carbonic Anhydrase in Lower Marine Animals. R. Brinkman.—p. 171.
Growth and Regression of Follicles in Estrous Rabbit. Margaret Hill and W. E. White.—p. 174.
Respiratory Quotient, Oxygen Consumption and Glycogen Content of Mammalian Heart in Aglycemia. E. W. H. Cruickshank and C. W. Startup.—p. 179.
*Relation of Pituitary Gland to Action of Insulin and Adrenalin. A. B. Corkill, H. P. Marks and W. E. White.—p. 193.
Comparison of Fetal and Maternal Hemoglobins in the Goat. E. F. McCarthy.—p. 206.
Effect of Muscle Length on Energy for Maintenance of Tension. W. O. Fenn and W. B. Latchford.—p. 213.

Relation of Pituitary Gland to Action of Insulin and Epinephrine.—Corkill and his associates state that rabbits from which the pituitary has been removed become abnormally sensitive to the hypoglycemic action of insulin and may even develop a spontaneous hypoglycemia, especially when deprived of food for several hours. In animals that exhibit spontaneous hypoglycemia the glycogen reserves are found to be depleted, and this lack of available carbohydrate may be a contributory cause to the fall in blood sugar. The lack of carbohydrate is not responsible for the increased response to insulin, for the latter is observed in animals that have ample reserves of liver glycogen. The increased insulin response is characterized by delay in the return of the blood sugar to the normal level. The hypoglycemic symptoms are usually severe and are relieved only with great difficulty. Injections of epinephrine or of ampoules of pitressin that will usually relieve insulin hypoglycemia in the normal animal have little or no effect in the animal deprived of its pituitary. Animals that are abnormally sensitive to insulin usually exhibit a diminished response to epinephrine and an increased sugar tolerance. It is suggested that an abnormal resistance of the glycogen reserves to the mobilizing action of epinephrine is a factor in the increased sensitiveness to insulin. The possibility that this stabilization of liver glycogen is consequent on the thyroid degeneration observed after the removal of the pituitary body is being investigated. Young rabbits, which normally deposit liver glycogen as a result of insulin injection, fail to do so when deprived of the pituitary.

Journal of Tropical Medicine and Hygiene, London

36: 361-376 (Dec. 1) 1933

Natural Occurrence of Flagellates of Subgenus Strigomonas M. and A. Lwoff in Gut of Tabanus Africanus from Nyassaland and Lucilia Serricata in England. J. G. Thomson.—p. 361.
Resistance of Trypanosoma Rhodesiense to Normal Human Blood Serum in Relation to Cyclic Passage Through Tsetse Flies. J. F. Corson.—p. 365.
Further Observations on Rhinosporidiosis. A. J. Noronha.—p. 368.

Lancet, London

2: 1301-1354 (Dec. 9) 1933

Epithelioma Primary in Renal Pelvis: Report of Forty-Five Cases. H. Cabot and R. B. Allen.—p. 1301.
Ward and Dormitory Infections. J. C. Spence.—p. 1306.
Use of X-Rays in Investigation of Varicose Veins. D. H. Patey, R. C. Tatham and F. G. Nicholas.—p. 1309.
Formation and Treatment of Cavities in the Lung. A. Morland.—p. 1311.
*Nutritive Value of Boiled and Raw Milk in Infant Feeding. N. Morris and S. Graham.—p. 1314.

Boiled and Raw Milk in Infant Feeding.—In order to determine the nutritive value of raw and boiled milk, Morris and Graham fed two apparently healthy infants, aged 8 months and 7 months, on an adequate measured amount of boiled cow's milk for from ten to fourteen days, on the last seven of which the excreta were collected. Thereafter the same amounts of raw milk obtained from the same source were given for a fortnight, the excreta as before being collected on the last seven days. Aliquot samples of the milk were collected for analysis each day during the metabolism periods. The intake and output of nitrogen, fat, calcium and phosphorus in each of the seven-day periods were determined and the retention of each was calculated. The results show lower retentions of nitrogen, calcium and phosphorus during the raw milk period than during the period when boiled milk was given. While one subject was retaining a large amount of mineral during both periods, the retention in the other subjects was practically nil. Nevertheless, even in this subject the substitution of raw milk for boiled milk over a period of a fortnight did not improve the mineral retention as one might have expected, if it is true that raw milk possesses a superior nutritive value. This metabolic picture is one that is presented by the early stages of rickets in infants. The retention of fat was almost the same in the two types of feeding. These observations afford no evidence that the absorption of nitrogenous substances, fat and minerals is diminished by the boiling of milk. As far as these results go there is no evidence to support the idea that the boiling of milk interferes with its usefulness as a food for infants.

Practitioner, London

131: 533-628 (Nov.) 1933

Stone in the Ureter. W. I. de C. Wheeler.—p. 533.
Toxic Idiopathies: Asthma-Urticaria-Hay Fever Group (Frequently, But Loosely, Called Allergic), with Especial Reference to Treatment. J. Freeman.—p. 546.
Delayed Treatment of Peritonitis Complicating Appendicitis. J. M. Melly.—p. 569.
Treatment of Sciatica. G. Slot.—p. 581.
Injuries to Knee Joints. W. E. Tucker.—p. 585.
Chronic Skin Troubles of Toxemic Origin. A. C. Jordan.—p. 593.
Otosclerosis: Its Etiology and Treatment. M. Yearsley.—p. 606.

South African Medical Journal, Cape Town

7: 779-810 (Dec. 9) 1933

Studies on Nature of Antidiphtheritic Immunity Among South African Bantu by Means of Schick Test and Antitoxin Titrations. E. Grasset in collaboration with A. Perret-Gentil, J. Friedman and I. Gross.—p. 779.
Artificial Pneumothorax Therapy. B. M. Clark.—p. 785.
Fevers of East-Central Africa: Some Points in Diagnosis. H. v. R. Mostert.—p. 789.
The Panel. C. M. Lundie.—p. 792.
Dysinsulinism: Case. M. M. Posel.—p. 794.

Presse Médicale, Paris

42: 145-168 (Jan. 27) 1934

*Prethoracic Esophagoplasty in Incurable Stenoses of Esophagus. R. Grégoire.—p. 145.
Bacteriologic Diagnosis of Infantile Tuberculosis by Guinea-Pig Inoculation of Gastric Contents. L. Saye, Rita Shelton and J. D. Alsina.—p. 148.
*Treatment of Some Delayed Unions by Perforation of Fragments (Beck Method). M. Boppe.—p. 151.
Liquidography in Man: Encephalography by Suboccipital Injection of Thorium Dioxide. A. Radovici and O. Meller.—p. 153.
Larval Forms of External Displacement of Astragalus in Malleolar Fractures. R. M. D'Aubigné and W. Smets.—p. 157.
Gold Therapy and Sanatorium Treatment. H. Nouvion, Mlle. Pauc and H. Rotenstein.—p. 162.
Pea in Bronchus: Iodized Poppy-Seed Oil Diagnosis, Morphine, Expulsion. C. Mantoux and R. Castelnau.—p. 165.
Compressions of Ureter in Gynecologic Disorders. O. Francke and G. Gatoski.—p. 166.

Prethoracic Esophagoplasty.—Grégoire describes the successful performance of an esophagoplasty in a youth who had an incurable esophageal stenosis. Twelve operative procedures extending over a year were required to accomplish the satisfactory result. The new esophagus was made up of the cervical esophagus, a cutaneous tube and a loop of small intestine. The procedure could be divided into five parts. The cutaneous tube was fashioned from the skin of the thorax, leaving part of the blood supply intact. The second procedure consisted in isolating a loop of small intestine high up, pulling this through an incision in the mesocolon, attaching one end to the stomach by a side to end anastomosis and drawing the other as high up the thorax as possible. The continuity of the intestine was restored by end to end anastomosis. The cervical esophagus was freed from its attachments and brought out to the skin of the neck. The upper end of the mediastinal esophagus was closed. About seven weeks later, anastomosis of the cervical esophagus with the cutaneous tube was made. The last procedure, which involved the greatest difficulty, consisted in anastomosis of the cutaneous tube with the upper end of the loop of small intestine previously connected to the stomach. The greatest sources of danger lay in peritonitis and infection of the mediastinum. The eventual functional outcome was good and the lack of peristalsis in the cutaneous tube portion of the neo-esophagus proved to be only a temporary and minor disadvantage. The author feels that the results were so good that risk is sometimes well worth while.

Treatment of Delayed Unions by Perforation of Fragments.—Boppe reports three cases (with roentgenograms) in which there was delayed union following fracture of the tibia and fibula. After several months during which good callus formation failed to occur, these patients were treated with the electric needle perforation described by Beck. Under local or spinal anesthesia, small fanlike perforations were made into the fragments of ununited bone. Six weeks after the parts had been replaced in plaster casts, good callus formation had occurred. The hypothesis is that these perforations form good canaliculi for the ingrowth of new blood vessels. The author feels that this method is often superior to open operation in cases of delayed bony union.

42: 169-184 (Jan. 31) 1934

Present Status of Problem of Osteogenesis. R. Leriche and A. Policard.—p. 169.
Dietetic Value of Sorbite in Treatment of Diabetes Mellitus. A. Raybaud and Andrée Roche.—p. 172.
*Hemorrhagic Diathesis in Course of Purpura Haemorrhagica. A. Landau and W. Hejman.—p. 174.

Hemorrhagic Diathesis in Course of Purpura Haemorrhagica.—Landau and Hejman describe a case of chronic purpura haemorrhagica (Werlhof's disease) observed in the hospital for three months. The platelet count was at all times low but fell at times practically to zero. In spite of this fact there was no correlation between the signs of active diathesis (purpura and mucosal hemorrhages), the platelet count and the bleeding time. An unusual complication occurred in the form of hemorrhagic encephalitis apparently due to small cerebral hemorrhages. The authors believe that it is the variation in contractility of the blood vessels that compensates for the thrombopenia and causes the hemorrhagic diathesis to become latent.

Schweizerische medizinische Wochenschrift, Basel

64: 93-112 (Feb. 3) 1934

Adhesive Pericarditis and Surgical Treatment. F. de Quervain and A. Schüpbach.—p. 93.
Surgery of So-Called Hiatus Hernias of Diaphragm. F. Jakob.—p. 104.
*Duodenocholangeitis and Lamblia Intestinalis. H. Stalder.—p. 106.
Treatment of Migraine. W. K. Fränkel.—p. 109.

Duodenocholangeitis and Lamblia Intestinalis.—Stalder reports the history of a woman, aged 28, who four years previously had complained of an indefinite stomach ache. She had never been in tropical countries, had never had diarrhea, and had never passed blood or mucus. Recently she again had frequent attacks of stomach ache. Pains in the epigastrium occurred independently of the food intake and were cramplike. Examination revealed a slight sensitivity to pressure in the region of the gallbladder. The patient appeared pale, in spite of the fact that the hemoglobin was 89 per cent. Examination of the feces revealed a normal decomposition of fats and carbohydrates, a negative benzidine test, but a considerable number of cysts of lamblia. Withdrawal of gastric and duodenal contents revealed hypacidity of the gastric juice, and the duodenal secretion and the A bile contained masses of vegetative, highly motile lamblia and a few leukocytes. The B bile likewise contained motile lamblia but in much smaller numbers. In two weeks, withdrawal of the duodenal contents was repeated five times, always with the same result. The duodenal tube was used also to introduce a saturated solution of magnesium sulphate and a 0.5 per cent solution of chiniofon. The therapeutic results were slight, but severe symptoms remained absent for five months. After that the severe epigastric pains recurred, and the examination of the duodenal contents revealed that the A bile was free from lamblia but the B and C bile contained large amounts of vegetative lamblia. The treatment was limited to the administration of hydrochloric acid and liquid petrolatum. With this treatment the patient felt comparatively well and was able to work. The author thinks that this case without an exact laboratory examination might have been diagnosed as a functional-nervous disorder. He is in sympathy with the efforts of von Bergmann, who stresses that the "perplexity diagnosis" of functional or nervous disorder will become less frequent with more exact organic examination. He assumes that the patient's stomach cramps were the manifestations of a cholecystopathy, which according to several investigators are caused by lamblia. He thinks that thorough examinations in patients with symptoms similar to those described will reveal the presence of lamblia in the duodenal secretion, or of cysts in the feces, more often than is generally assumed.

Policlinico, Rome

41: 123-162 (Jan. 29) 1934. Practical Section

Problem of Chronic Appendicitis. D. Taddei.—p. 123.
*Variations of Alcaligenes Melitensis in Undulant Fever: Case. V. de Antoni.—p. 131.
First Results of Treatment of Laryngeal Tuberculosis with Thyroid Extracts. D. Bettini.—p. 135.
Contribution to Knowledge of Rheumatic Apoplexy. N. G. Fanelli.—p. 137.

Variations of Alcaligenes Melitensis. — De Antoni describes a case of undulant fever with interesting bacteriologic observations. During the first stage the form R (paramelitensis) of Alcaligenes was isolated, probably through dissociation in the organism of the patient owing to the action of quinine. When the administration of quinine was suspended there was an apparently spontaneous reversion of the bacilli to the S form (melitensis), corroborated by a successful blood culture and by culture from a splenic puncture. During the first stage there was scarcely any specific but a marked indirect agglutination, while during the second stage the specific agglutination was poor. In the third stage, Alcaligenes showed complete specific and no indirect agglutination. The author found that paramelitensis is extremely sensitive to indirect agglutination due to heat, peptone, lactic acid or acriflavine hydrochloride, to which melitensis is constantly insensitive. Such substances as lead acetate, pure alcohol, tannic acid in distilled aqueous solution, and saturated solutions of magnesium sulphate and of ammonia, which coagulate mucin, have a specific agglutinating action on the paramelitensis. The R form of the bacillus does not remain stable. Sometimes after cessation of

the quinine treatment it becomes apparent that not all the strains of melitensis are transformable into paramelitensis. There is, however, a gradual progressive return of the micro-organism to the S form. This return is marked by a proportionate increase of the antimelitensis agglutinating rate of the blood serum. The author has shown in his experiments that the rapidity of the transformation of melitensis into paramelitensis is always directly proportional to the degree of virulence of the culture. In the author's blood culture, the serum of the patient containing agglutinin is found in strong concentration (10 cc. of blood in 50 cc. of broth). Of three blood cultures made in one patient, the micro-organisms have been dissociated only in the one in which the blood was least rich in agglutinins. The rate of agglutination was 1:200 at the time of the first blood culture, 1:800 at the time of the second, and from 1:800 to 1:1,600 at the time of the splenic culture.

Prensa Médica Argentina, Buenos Aires

21: 1-64 (Jan. 3) 1934. Partial Index

*Insufficiency of the Suprarenals Caused by Emotion. C. Bonorino Udaondo and G. P. Goñalons.—p. 1.
Syringomyelia Caused by Diffuse Medullary Glycosis: Case. M. Alurralde, B. B. Spota and G. O. Gotusso.—p. 10.
Roentgen Examination of Proximal Colon in Dextroflexion and Sinistroflexion. M. Estiu and V. Nacif.—p. 20.
Syndrome of Atelectasis Caused by Neoplastic Bronchostenosis of Upper Lobe of Left Lung: Case. J. J. Beretervide and G. L. Heidenreich.—p. 30.

Insufficiency of Suprarenals Caused by Emotion.—Bonorino Udaondo and Goñalons say that the study of emotion as an etiopathogenic factor of several diseases has been neglected. Emotion has been considered the cause of mental diseases since olden times. There are also some cases reported in which emotion was the cause of cardiac disturbances and skin diseases. The authors describe a syndrome of insufficiency of the suprarenals caused by emotion of either intense and unexpected or depressive, slow and continuous type. They have observed the syndrome in about fifty adult patients of both sexes. The syndrome is characterized by pigmentation of the skin, melanoderma and cardiac, digestive, thermoregulatory and kinesthetic disturbances. The administration of extract of the suprarenal cortex has always been followed by the disappearance of the syndrome.

Deutsche medizinische Wochenschrift, Leipzig

60: 81-122 (Jan. 19) 1934

Development of Chemotherapy, with Especial Consideration of Modern Treatment with Arsenic and Antimony. P. Uhlenhuth.—p. 81.
Hereditary Prognosis. O. F. von Verschuer.—p. 88.
Biologic and Traditional Heritage. G. Roesler.—p. 92.
*Diagnosis of Syphilis from Dried Drop of Blood. P. Dahr.—p. 94.
Fundamentals of Treatment with Moor and Mud. H. Vogt.—p. 96.
Indications for Treatment in German Seashore Resorts. C. Haeberlin.—p. 98.
Pathogenesis and Course of Ancylopoietic Spondylitis (Bechterew). W. Krebs and O. Vontz.—p. 100.
Climatic Health Resorts. Bieling.—p. 102.
Graphic Demonstration of Red Blood Picture. J. Strasburger.—p. 105.
*Influenzal Pericolitis. H. Winternitz.—p. 106.

Diagnosis of Syphilis from Dried Drop of Blood.—Dahr employed Cheviak's method with 600 specimens. A drop of blood is put on a slide, stirred for one minute and thus defibrinated, then exposed to the air and dried. It is best to examine the specimen immediately after it has dried, but it is still suitable for the test several days later. To the dried drop 0.015 cc. of a solution containing 3.5 per cent of sodium chloride and 0.3 per cent of sodium carbonate is added. The blood is diluted by stirring with this solution and is placed in a paraffin ring (1.5 cm. in diameter) on another slide. Then 0.03 cc. of a dilution of the Meinicke clarification extract made with the aforementioned freshly prepared salt solution in a ratio of 1:10 is added. Before use, the extract and diluting fluid are heated separately for eight minutes in the water bath at 56 C. (132.8 F.), and, after being mixed, the solution remains two minutes longer in the water bath. The slide is shaken for about three minutes and kept for thirty minutes in the moist chamber at room temperature, when the reaction can be read. In negative tests the microscope reveals brown granules, but the positive reaction is indicated by black floccules and clots in the reddish brown fluid. The author calls attention to several sources of error and thinks it advisable to run a known positive and a negative specimen with the sample to be tested; but a negative control is sufficient. The 600 specimens examined by the author were controlled by the Kahn, Meinicke clarification and Wassermann tests. The results harmonized in over 98 per cent. The author thinks that this method is of great value for the general practitioner. The easy method of blood withdrawal is helpful particularly in tests on children and obese persons. The use of the dried drop of whole blood and the fact that the specimen can be kept for several days before it is examined make the method suitable for use in colonial countries and where laboratory service is obtainable only at great distances.

Influenzal Pericolitis.—Winternitz observed occasionally pericolitis in influenza patients. In most cases it presents the aspects of perityphlitis, but in a number of patients it appeared as a pericolitis of the descending or transverse colon. If the descending colon and the sigmoid are involved, palpation generally reveals the condition, but involvement of the transverse colon is more difficult to detect. The inflammation may persist for several days, and it is accompanied by high temperatures. The symptoms of peritoneal inflammation predominate, while the signs of involvement of the mucous membrane of the colon, particularly discharge of mucus, are slight. In spite of this, it cannot be doubted that the pericolitis is usually accompanied by a colitis.

Medizinische Klinik, Berlin

30: 113-148 (Jan. 26) 1934. Partial Index

Disease as Experience and Its Meaning. K. Kolle.—p. 113.
Deforming Spondylosis. K. Gaugele.—p. 116.
Practical Evaluation of Complement Fixation Reaction for Tuberculosis in Ophthalmology. W. Rohrschneider.—p. 120.
*Crossed Hypersusceptibility Reaction in Lymphogranuloma Inguinale and Urethritis of Waelsch. R. Bezecny.—p. 121.
Diabetic Herpes Zoster and Diabetic Neuritis Without Glycosuria. S. Plaschkes.—p. 122.
*Syndrome of Agranulocytosis. I. Vonkennel.—p. 123.
Remarks on Diphtheria Epidemic in Alsterdorf. E. Martini.—p. 128.
Oral Calcium Therapy with Calcium Citrate. K. Jungmann and K. Bergl.—p. 130.
Traumatic Parkinsonism. G. Anton.—p. 132.

Crossed Hypersusceptibility in Lymphogranuloma Inguinale and Urethritis of Waelsch.—Bezecny calls attention to a report by Frei and his associates, which indicated the possibility of a connection between urethritis of Waelsch and lymphogranuloma inguinale. He observed a patient for years who had suffered from urethritis of Waelsch. The urethral secretion of this patient was tested on five patients with lymphogranuloma inguinale and four of them gave a positive reaction, while twelve controls gave negative reactions. In the patient in whom the reaction was negative, the lymphogranuloma was new, and even Frei's antigen gave an extremely weak reaction. The patient with urethritis gave strongly positive reactions with various lymphogranuloma antigens. The anamnesis of this patient revealed nothing that was indicative of a former lymphogranuloma, and the presence of an intra-urethral primary focus of lymphogranuloma could be excluded. The author further mentions several other cases of urethritis of Waelsch, the urethral secretion of all of which yielded an antigen that produced positive reactions in patients with lymphogranuloma. In view of the possibility of relations between the two conditions, it was decided to try the application of convalescent serum from patients with lymphogranuloma in the patients with urethritis, for this treatment had proved effective in patients with lymphogranuloma. The patient received 30 cc. of convalescent serum, but no change was noticed. Since from 60 to 80 cc. is required in patients with lymphogranuloma, it cannot be asserted that the treatment was a failure. However, as all the available convalescent serum was required for patients with lymphogranuloma, the patient with urethritis was given no further injections of this serum. The author thinks that there is sufficient evidence not to consider the positive reaction with the urethritis antigen in lymphogranuloma as merely a nonspecific reaction. He admits that Frei's transmission experiments in monkeys proved negative and that observations so far do not permit a definite solution of the relationship, but he is

convinced that the crossed hypersusceptibility of the two disorders is worthy of note.

Agranulocytosis. — Vonkennel states that local infectious processes, the toxic action of which leads to an impairment of the bone marrow, dominate in the development of the disorder. The disappearance of the granulocytes is the first symptom and provides the way for secondary infections. The point of attack for the agranulocytosis is the bone marrow, and this leads under certain conditions to an involvement of the erythropoietic apparatus, to hemorrhagic aleukia and to panmyelophthisis. Complications that resemble agranulocytosis may develop in the course of antisyphilitic treatment with mercury compounds, arsphenamine, bismuth compounds, gold and malaria. This form has been designated symptomatic agranulocytosis, but just as in true agranulocytosis the bone marrow becomes impaired as the result of the toxic action of a chronic infectious process or of the repeated administration of chemotherapeutic substances. The author observed an agranulocytic blood picture in a syphilitic patient who was treated with a gold oil, but otherwise the patient was entirely free from the symptoms of agranulocytosis. The manifestations of the skin and the mucous membranes are of secondary importance, the disappearance of the granulocytes being the primary factor. Intense itching may be a premonitary symptom of granulocytosis. He emphasizes the necessity of frequent examinations of the blood picture in the course of antisyphilitic treatment. If the hemogram reveals an agranulocytic tendency, the chemotherapeutic treatment should be discontinued at once, for, if this is done, there is a possibility of spontaneous cure. In an agranulocytosis that developed in the course of malariotherapy of neurosyphilis, the author obtained favorable results with intravenous injections of dextrose and with intramuscular injections of small amounts of blood.

Sovetskaya Khirurgiya, Moscow

5: 121-221 (No. 5) 1933. Partial Index

Liver Stones. I. G. Rufanov.—p. 121.
Treatment and Prognosis of Perforative Peritonitis in Typhoid. B. N. Postnikov.—p. 136.
Abscess in Pouch of Douglass of Appendiceal Origin. S. B. Budzinskaya-Sokolova.—p. 150.
*Intestinal Obstruction in Childhood. M. N. Anisimova and A. E. Mangeym.—p. 159.
*Venography in Clinical Study of Varicose Veins of Lower Extremity. S. P. Khodkevich, A. A. Laskarev and V. G. Kolbasov.—p. 171.
Determination of Blood Supply in Vascular Diseases of Lower Extremity. L. N. Poznyakov.—p. 179.
Detection of Latent Syphilis in Donors. E. S. Zalkind.—p. 185.
Technic of Gastro-Intestinal Anastomosis. M. A. Stambovskiy.—p. 191.

Intestinal Obstruction in Childhood.—Of nineteen cases of intestinal obstruction observed by Anisimova and Mangeym in the last three years, four were due to congenital atresia, three to Hirschsprung's disease, six to invagination, four to strangulation and two to obturation by worms. The most frequent causes of ileus are congenital atresia and volvulus of the intestine, congenital tumors (teratomas), adhesions resulting from fetal peritonitis, abnormal fixation of the mesentery and of the large intestine, Hirschsprung's disease, invaginations caused by Meckel's diverticulum, inflammatory adhesions, incarceration and worms. The recognition of various forms may be difficult. Atresia comes into consideration only during the first days after birth, invaginations predominate between the fifth and ninth months, while obturation by worms is seen in older children. Vomiting, increased peristalsis, meteorism and failure to pass meconium during the first days suggest atresia of the bowel. Sudden onset of pain, blood in the feces, sausage shaped tumor in the right lower abdominal quadrant, and relaxed sphincter suggest invagination. Long existing constipation, meteorism, periodic distention with symptoms of obstruction, followed by evacuations and the palpation of fecal masses in the large intestine are frequently observed in Hirschsprung's disease. Obstruction resulting from strangulation by Meckel's diverticulum or obturation caused by worms is frequently mistaken for appendicitis. Conservative treatment is indicated only in Hirschsprung's disease and in the first few hours of invagination, in which high enemas and massage sometimes accomplish disinvagination. Early operative intervention constitutes the only effective means in all other instances. Laparotomies and eventration of the bowel are not well borne by children. Blood transfusion before and after operation as well as infusions of small amounts of physiologic solution of sodium chloride are indicated.

Venography in Study of Varicose Veins of Lower Extremity.—Khodkevich and his associates report the application of venography in a clinical study of varicose veins of the lower extremities. Injections were made in seventeen cases of pronounced varicosity in which the Trendelenburg test was positive. The technic consisted of injecting into a vein 20 cc. of a 5 to 10 per cent solution of sodium iodide. Serial roentgenograms were taken after each 5 cc. of contrast medium was injected. The study of venograms revealed that the superficial venous system of the lower extremity is represented by two sharply contrasted anatomic types. In the one the great saphenous vein is recognizable as a large trunk running the entire length of the extremity and giving off relatively few branches. The other type is represented by a great saphenous vein which at once divides into numerous large branches so that the main trunk cannot always be told from its branches. In still another modification there exists, in about 18 or 20 per cent, an accessory saphenous vein which runs parallel to the main trunk. The study of the venograms further demonstrated that the venous flow is centripetal, the contrast medium always spreading in that direction both in the main trunk and in the anastomosing branches. The question of how varicose veins compensate for the hydrostatic pressure appeared to be answered by the presence of numerous anastomatic collaterals which serve to remove excess blood and to divide the hydrostatic pressure among many vessels. Thus they constitute a compensatory mechanism. The authors call attention to the fact that the results of operative treatment of varicose veins as revealed in recent statistics are far from encouraging, there being 30.5 per cent of recurrences. They believe that these results can be improved by proper choice of treatment. In type one, the operations of Trendelenburg, Madelung or Babcock are indicated. In type two, operative methods are likely to fail and the injection method is indicated. The sclerosing results of the injection method can be studied by venography.

Ugeskrift for Læger, Copenhagen

96: 115-148 (Feb. 1) 1934

*Orientating Remarks on Ultrashort Wave and Short Wave Therapy. C. Værnet.—p. 115.
Investigations on Liver Function Before and After Roentgen Examinations of Stomach Usually Applied in Clinic. K. Germer and A. Mellemgaard.—p. 124.
*Influence of Mercury Salt on Isohemagglutination. E. Madsen.—p. 136.

Ultrashort Wave Therapy.—Værnet states that from his practical experience in more than 300 cases and from a critical study of the material of Schliephage and his assistants his impression is that ultrashort wave therapy in many cases accomplishes more than any other treatment, is often effective when other treatment has failed, and affords an excellent adjuvant for the surgeon in cases of inflammation, often both before and after operation. The indications for the therapy are not yet clearly defined, and close cooperation between surgeon and internist on the one hand and ultrashort wave therapist on the other is required. Roughly, the indications for ultrashort wave therapy are first of all in localized inflammation, particularly the acute, then in neuralgia, myalgia, chronic localized arthritis and arthritis deformans. An important feature of the treatment is its ability to relieve pain. The author finds that the shortest waves as a rule give by far the best results, yet in some cases refractory to wavelengths of 4 meters particularly favorable results have been obtained at 15 or 30 meters. In the main, harmful effects seem to be excluded if the treatment is so weak that only an agreeable warmth is felt. In treatment of pulmonary disorders a certain danger of hemoptysis must be borne in mind, and in patients with deficient sensibility the absence of the heat indicator is to be remembered. A short survey of more than 200 of his cases is given.

Influence of Mercury Salt on Isohemagglutination.—Madsen concludes from his experiments that in determinations of human blood types Hayem's solution must not be used in preparation of blood corpuscle suspensions.

*

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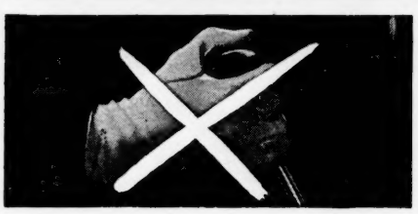

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(Continued on page 43)

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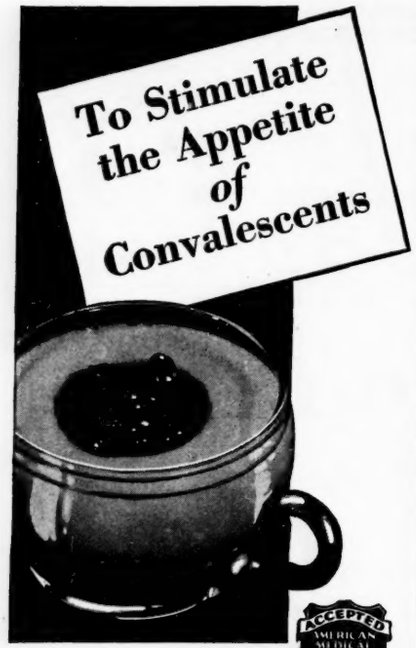

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Statement by Charles K. Bermack, Pres. Amer. Bureau of Chiropractic, plucked by S. R. K. from the New York World-Telegram

Reading an article, "Specialists Study 'Miracle' After Blow Restores Sight," printed some weeks ago, prompts me to write the following letter. The article states that optical authorities are preparing to study this "miracle."

May I call your attention to a similar article appearing in your paper of September 13, 1932, in which a Mr. Munson lost the sight of his right eye forty-five years ago, after being struck on the head with a lacrosse stick, and how he regained his eyesight after falling and hitting his head on the ground? The Herald Tribune of July 15, 1933, contains a similar article, in which Mr. Griswold regains his eyesight after snuff brought on violent sneezing. Newspapers throughout the country contain similar stories of individuals' eyesight restored through accidents.

From the above one will immediately notice that these so-called "miracles" are no "miracles" at all. Each and every one who regained his eyesight through accidents followed a definite natural law. As in the case of Mr. Munson above mentioned, the blow of the lacrosse stick misplaced one of the vertebra in his neck, causing pressure on the nerves leading to the eyes. Thus this blow on the head caused him to become blind. A misplaced vertebra is the cause of most instances of blindness. After falling in September, 1932, and hitting his head on the ground, the force of the blow caused the distorted vertebra to regain its normal position.

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(Continued on page 44)

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(Continued from page 41)

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WANTED—LABORATORY WORK—GRADUATE OF Gradwohl's School of Laboratory Technique; qualified in serology, hematology (Shilling's method), blood chemistry, clinical pathology, basal metabolism and bacteriology; prefer small western laboratory; immediately available; references. Add. 8861 I, % AMA.

WANTED—POSITION IN UNIVERSITY HEALTH work or as school physician wanted by woman physician; M.A., M.D. degrees Class A school; year's rotating internship, approved hospital; teaching experience; excellent references. Add. 8859 I, % AMA.

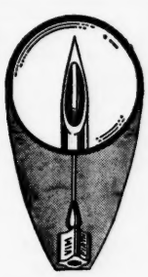
WANTED—CLINICAL PATHOLOGIST, M.D., DESIRES position director laboratory, preferably in hospital; graduate Washington University; energetic and thoroughly experienced; able and willing to cooperate with physicians; can successfully reorganize laboratory if necessary. Add. 8804 I, % AMA.

WANTED—YOUNG MARRIED PHYSICIAN WITH 4 years' hospital training including surgery and 2 years' private practice desires locum tenens, assistantship or location within 100 miles of N. Y. C., preferably a summer resort; available immediately. Add. 8862 I, % AMA.

WANTED—SITUATION IN INDUSTRIAL HOSPITAL or doctor's office by graduate nurse with several years' experience in first aid surgery; registered x-ray and hydro-physiotherapy technician; medical secretarial work; available at once. Add. 8827 I, % AMA.

(Continued on page 45)

The VIM NEEDLE *point*



STAYS SHARP

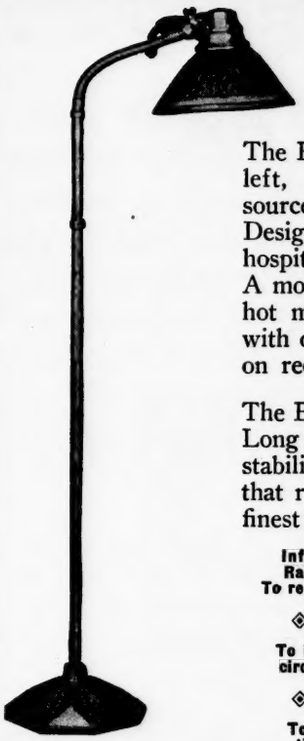
The point of a VIM Needle has a keen-cutting razor-like edge because it is hollow-ground like a razor.

Furthermore, the VIM Needle point *stays* sharp, even after repeated sterilizations by boiling, for VIM Needles are made of Firth-Brearley Stainless Steel. Stainless steel, as you know, retains sharpness far longer.

To be assured of getting needles with points that *are* sharp, and points that *stay* sharp . . . . specify VIM, the Needle with the Square Hub.

VIM NEEDLES
SQUARE ◻ HUB

Burdick PHYSICAL THERAPY AND ELECTROSURGICAL · · EQUIPMENT · ·



The ZOALITE for Infra-red Radiation

The Burdick Zoalite Model RV-85, illustrated at the left, is one of the most popular and effective sources of scientifically generated infra-red radiation. Designed especially for bedside use in home and hospital where localized infra-red heat is indicated. A most convenient and effective method for keeping hot moist dressings hot without weight or contact with dressings or disturbance of patient. Technique on request.

The Burdick ZOALITE is most dependable, having: Long life guaranteed generator—ample size base for stability—adjustment to any position—a reflector that reflects—attractive, durable finish. A lamp for finest service.

Infra-Red Radiation To relieve pain

◈◈◈

To increase circulation

◈◈◈

To relax tissues

◈◈◈

To stimulate functions of the skin

◈◈◈

The illustration at the right shows the RV-85 in use

There is a Burdick Distributor in your district who will gladly deliver a Zoalite to your patient's home on your prescription. Write for complete information on Zoalite rental service.

Abstracts concerning Infra-red and its uses sent upon request. Also literature regarding the Burdick RV-85 ZOALITE; the new Dual Zoalite; Morse Wave Generator; Oxygen Therapy Apparatus; and Diathermy or Electrosurgical Units.

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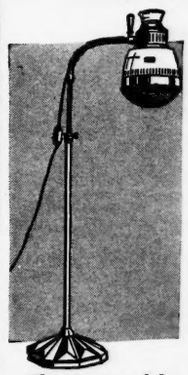
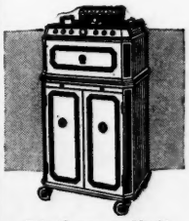
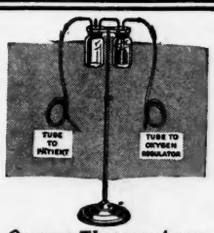


The new model DUAL ZOALITE Z-15



Diathermy Unit Cabinet Model

Morse Wave Generator Model M-10



Oxygen Therapy Apparatus—Stand Model OX-1

Electrosurgical Unit SU-2

EVAPORATED MILK IN PEPTIC ULCER DIETS ★ ★ ★ ★

"... With regard to the influence on gastric acidity and motility, the above experiments seem to indicate that evaporated milk diluted and undiluted may be used as well as milk, and milk and cream mixtures, in the treatment of conditions that require a bland or semi-bland diet."—DAVIDSON, PERCY B., BIGURIA, FERNANDO, AND GUILD, RUTH: J. Am. Dietet. A.: March, 1934.

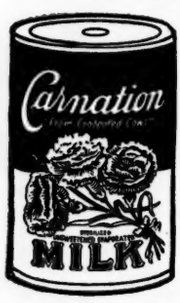
★ MEMORANDUM: ★

1

The economy and convenience of evaporated milk are important considerations in this connection.

2

With special reference to Carnation Milk, additional factors of significance are its exceptional quality, scientifically controlled uniformity, and well-nigh universal availability.



Send for "A Successful Infant Food," written for physicians by a pediatrician of wide experience. Address Carnation Company, 859 Milwaukee Gas Light Bldg., Milwaukee, Wis., 960 Stuart Bldg., Seattle, Wash., or Toronto, Ontario.

"From Contented Cows"

CELLOPHANE TEA-PAKS*

The delicious Banquet Orange Pekoe Tea (A.M.A. Seal of Acceptance) can be obtained in a cellophane tea bag. Sparkling and attractive, they have many advantages over gauze tea bags. *Reg. U. S. Pat. Off.

SEND FOR FREE SAMPLE

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Advertising rates for space in the Journal sent on request

MEDING TONSIL ENUCLEATOR

Still in regular demand

For Price and Tuition write

THE HARLEM EYE & EAR HOSPITAL, 2099 Lex. Ave., N.Y.C.

(Tonics and Sedatives Continued)

closing of the bowels, is known as a peristalsis, and this is increased by the stimulation of carbon dioxide; and in this way carbon dioxide is a mild preventive or cure for constipation.

The carbonic gas passing through the structure of the intestinal tract has now entered the venous blood stream and is carried to the lungs, and here this faithful, tireless servant stimulates the lungs, increases superventilation, opens the lungs, and by this super-ventilation it acts as a preventive for tuberculosis.

Why, men, this gas, which we are putting into our carbonated drinks and which we are saying nothing about, is one of the most marvelous medical servants in the world. Carbonated drinks are used in case of sore throat, they are used in cases of colds, they are used for post-operative drinks where the stomach is so weak that it cannot take any other form of liquid; they are used in cases of flatulence, acidosis, after anesthesia and in fever. It is used as an alleviation for sickness caused by pregnancy, and I recommend it to you gentlemen should any of you find yourselves in this interesting condition.

—◈—

BABIES, JUST BABIES

Sent in by Mrs. C. C. de Gravelles, New Iberia, Louisiana

It was about ten o'clock of a July Morning. Ten-year-old Martha was reading in her mother's room. Her mother was sewing in the room and the colored maid was dusting. All was quiet and peaceful.

Martha was a doctor's daughter and knew "the facts of life." She knew that her father was next door superintending the arrival of a baby.

Suddenly a succession of shrieks coming from the open window of the house next door disturbed the quiet.

Looking up from her book Martha said sadly but with a touch of complacency as well, "And to think that *I* am going to have *three* children!"

This same Martha when eight years old and obviously not yet "in the know" wrote the following story:

"There was once a little boy born to some people. They named the baby Henry. Henry was a precious little baby.

One week later they had another baby and this one was a girl. They named her Patsy.

One month later they had another baby and this one was a girl, also. They named her Nancy. Nancy was the cutest of the whole bunch.

And this is about Martha's little cousin:

Marin, who is a little girl seven years old, a devout Catholic, and very shy and modest, prefers to go to the bathroom unattended. In fact she has always insisted on doing so. She is also a "scared-y cat."

The bathroom was dark and yet she had to go. Said her mother, "Go on, Marin. You know your guardian angel is always with you." "Mother," said Marin, still hesitating, "is my guardian angel a man or a woman?"

—◈—

The New Cardiology

Unusual item found by N. F. in the Montreal Herald

London, March 2.—(Special)—Nearly eight years ago the heart of Dr. H W. D. Crook, of Wonford House, Exeter, stopped beating.

It has never beaten since.

Yet, he is still alive—and active.

He works hard six days a week, and even drives a car.

(Continued on page 45)

Fills the Need for a dependable Antacid Mineral Water

Vichy
CÉLESTINS

This long renowned naturally alkaline mineral water assists in neutralizing excess acid and in regularizing functions of the digestive tract.

Bottled at the Spring in Vichy, France, under Government supervision, it meets the need of the physician for constancy of composition.

Sole U. S. Agents
American Agency of French Vichy, Inc.
Fifth Ave. at 42nd St. New York, N.Y.

(Continued from page 43)

WANTED—RADIOLOGIST WITH 3 YEARS' EXperience in x-ray diagnosis, deep therapy, radium therapy and physical therapy at large, well known hospital; also 3½ years' general practice. Add. 8840 I, % AMA.

THE MEDICAL BUREAU HAS AVAILABLE A splendid group of well qualified hospital administrators, graduate nurses, laboratory technicians and dietitians; all credentials thoroughly investigated; services gratis to employers. Medical Bureau, 3800 Pittsfield Bldg., Chicago. I

REPRESENTATIVES WANTED

IF YOU ARE EXPERIENCED IN CALLING ON physicians, have a car and are willing to cover small towns as well as the larger ones, we can offer you a dignified proposition that pays a liberal commission and bonus; give full details about yourself and references in first letter. Add. 8797 JJ, % AMA.

LABORATORY TECHNICIANS WANTED

THE MEDICAL BUREAU MAINTAINS DEPARTments for hospital administrators, graduate nurses, technicians and dietitians. Application on request. 3800 Pittsfield Bldg., Chicago. L

APPARATUS WANTED

WANTED—MICROTOME, BACTERIOLOGY INCUbator; colorimeter; basal metabolism apparatus. Hamlet Hospital, Hamlet, N. C. M

HOSPITALS AND SANITARIA FOR SALE

FOR SALE—40-BED SANATORIUM—LONG EStablished, going and paying; city $70,000, New York state; fully equipped, low overhead, low taxes; separate homes for manager and employees; small initial payment, balance from earnings; an unusual opportunity. Add. 8839 O, % AMA.

FOR SALE—COMPLETELY EQUIPPED PRIVATE hospital, 16 beds, located in Pasadena, California; established 14 years; paying now; must sell because of sickness; price, $25,000 plus equipment; satisfactory terms. Box 185, East Pasadena Station. O

PRACTICES FOR SALE

FOR SALE—CALIFORNIA—DUE TO DEATH OF doctor, his estate desires to sell combined residence and office located on one of main business streets in Los Angeles; x-ray (deep therapy), diathermy and other equipment included; details on request. Address Mrs. A. Schmidt, 5111 So. Vermont Ave., Los Angeles, Calif. P

(Continued on page 49)

Don't hazard your reputation with

TIME-SCARRED
X-Ray Screens

Old, spotty intensifying screens can be replaced at surprisingly low cost by these new, improved Patterson Screens

What a handicap...and a danger...an old, spotty intensifying screen can be! It may easily defeat the work of the finest X-Ray equipment and the most expert radiograph diagnosis.

Perhaps, to economize, you have been obliged to use such screens. If so, you'll be glad to know that now they can be replaced at surprisingly low cost. You can banish those shop-worn screens which make dull, uncertain images and, at a most reasonable figure, can substitute genuine Pattersons with their rich contrast and sharp detail.

★ COSTS CUT — YOU PROFIT

This is made possible by Patterson's new, cost-cutting production methods and the development of two improved Patterson Screens, namely:—

The Hi-Speed Combination; a "thick and thin" combination of screens which produces ultimate speed and assures absolute uniformity of speed. These screens are so uniform in speed that no difference between various pairs can be detected.

The Par-Speed Combination; combining the best features of the former Patterson Standard and Speed Screens. It provides the speed previously obtainable in Patterson Speed Screens plus the well-known durable finish of the Standard.

★ DO THIS — IT WILL PAY YOU

Simply show this advertisement to your dealer. He will demonstrate the advantages of the new Patterson Screens and will give you the low figure at which these screens can be substituted for your old ones.

If you prefer, write us. Merely list the screens you wish to replace and state the Kilowatt capacity of your X-Ray plant. We will gladly and promptly send you complete advice.

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X-RAY
INTENSIFYING **Screens** FLUOROSCOPIC

SCREEN SPECIALISTS FOR NRA MEMBER U.S. WE DO OUR PART *MORE THAN 18 YEARS*

LAMOTTE SERVICE

IMPROVED KLINE ANTIGEN FOR PRECIPITATION TESTS FOR SYPHILIS

This improved Antigen is now being produced under an exclusive arrangement with the Mount Sinai Hospital of Cleveland, in whose laboratory the method of preparation was developed. Each lot of antigen is tested in this same laboratory and only approved Standardized Antigen is released by us for distribution.

Far superior in the sero diagnosis of syphilis.

May be used for tests on spinal fluid.

Antigen solution has excellent keeping qualities.

Sensitive at low temperatures.

Prices and full information on the antigen and the new simplified compact outfits for these tests sent on request.

Your LaMotte Blood Chemistry Handbook* illustrates and describes many simple, accurate testing outfits developed by LaMotte Research Department in cooperation with recognized specialists.

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do you treat CANCER?

Make use of the resources and facilities of the most completely equipped commercial radium laboratory in the world.

When we furnish Radon for your use, it is prepared to meet the needs of the individual case. Your patient receives the benefit of every advance in radium therapy and you have the assurance that each preparation will fulfill every requirement as to dosage, filtration, leakproof applicators and price.

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Day and Night Phone MOhawk 4-6455

(Tonics and Sedatives Continued)

And, so far from worrying, he takes a sane professional interest in his case, which has startled medical experts.

The history of the case begins on a date years ago, when Dr. Crook, then studying at Guy's Hospital, London, several times contracted rheumatic fever.

The valves of his heart became enlarged.

It is these valves which, by opening and closing regularly, keep the blood circulating. The pumping of the valves causes the "beat" of the heart.

When they are enlarged, the blood flows evenly through, and there is nothing to keep up the circulation.

A Lucky Person

During his latest illness—in 1926—The specialists at Guy's found that his valves were permanently enlarged.

It seemed impossible that he should go on living.

"I suppose I am a lucky person," said Dr. Crook. "I am absolutely fit and well, and suffer no inconvenience whatever.

"The muscles of my heart have become strengthened in such a way as to compensate for faulty valves.

"Any suggestion that I am liable to die at any moment is without justification."

—◈—

DR. PEPYS' DIARY

March 12.—So after a week of toil to Altoona where come a gathering of ye doctors and all ye business clubs and where old Pepys spoke of this and that in medical practice. Thereafter playing at bridge with ye local talent but first to see some orthodontia and bridge work of a local dentor and beautiful indeed. And ye Sims-Culbertson experts seemed to me ye best I have seen in all my travels. So then by motor car to Johnstown and glad to see ye old dam which broke in 1889, ye year of my birth. Reminded then of a panorama I saw in St. Louis in 1904 and ye words of ye lecturer still ring in these old ears.

All night the rain had poured down on beautiful Johnstown where thousands of peaceful happy men and women lay sleeping, unaware of impending tragedy. . . . Suddenly a great crash was heard. My God, the dam had bust.

So in Johnstown to ye hotel where come ye medicos of ye county and after that to speak of quackery before a fine forum. It would seem that these forums keep alight ye torch of knowledge in these depressing times. And at last home on ye train reading a comical tale by Wallace Smith of a lady of leisure named Bessie Cotter. Then in ye morning in ye Pullman washroom do meet Dean Lewis, ye president, who journeyeth also for ye good of ye cause.

March 14.—Heard today of a case in which a Scotchman sold blood for a transfusion. On ye first time ye recipient payed $25.00 and ye scond $15.00. By ye third time he had so much Scotch blood he refused to pay anything.

March 15.—Ye work proceedeth and all beginning to make ready for ye great convocation of ye medicos in June. So is there much talk also of ye Century of Progress and ye meetings of committees take up much of many days. Of ye movies to be seen old Pepys found ye George White Scandals, Catherine the Great, and It Happened One Night to be ye best. And of books to read now come so many that time hardly permitteth to read all one would. Old James Branch Cabell, who hath dispensed with his James, still writeth under ye title of "Smirt" of ye physiologic functions of his anatomy. In "Oppermann" by Feuchtwanger, "German Family," by Stone and "Murder-Made in Germany," by Liepmann, one findeth ye terror of Nazi-ism. Josephson telleth of "The Robber Barons," who builded our industries.

Used the World Over

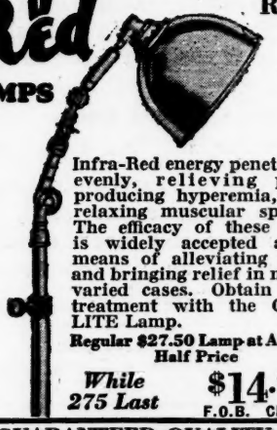
Apollinaris

Healthful Refreshing

This sparkling table water is bottled only with its own natural gas

Exclusive U. S. Representative
Park & Tilford, 485 Fifth Avenue, New York

Infra Red LAMPS **GLOLITE Penetrating Rays**



Infra-Red energy penetrates evenly, relieving pain, producing hyperemia, and relaxing muscular spasm. The efficacy of these rays is widely accepted as a means of alleviating pain and bringing relief in many varied cases. Obtain this treatment with the GLO-LITE Lamp.

Regular $27.50 Lamp at Almost Half Price

While 275 Last **$14.75** F.O.B. Chicago

GUARANTEED QUALITY

The Glolite is made to the highest specifications. It has self-locking vertical and horizontal extensions. New patented, quick heating Infra-Red generator. Ten-inch frosted reflector—no hot spots. With protecting screen.

Satisfaction Guaranteed or Money Refunded

Illinois Surgical Supply Company
10 S. Wells St. Chicago

6 SAMPLES FREE!

to give your patients

NEW FLAVORED BREAKFAST ENERGY FOOD

ACCEPTED AMERICAN MEDICAL ASSN.

. . . welcome in Diets for infants, children and adults

MALT-O-MEAL

contains Wheat flavored with Toasted Malt. Cooks in 2 to 3 minutes. 6 Samples free to physicians or hospitals. Request on letterhead.

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Northfield, Minn.

MALT-O-MEAL

Over 95,000 doctors read the Journal of the American Medical Association. It pays to advertise in the Journal Classified Ad Section.

Radiograph of a multiple pregnancy (twins).

WITH this radiograph, the attending physician knew exactly what to expect at delivery. He was given positive knowledge of the nature of the pregnancy and the position of the twins in utero.

X-ray studies provide invaluable information throughout pregnancy. A pelvigram made early can be used in the determination of the size and shape of the pelvic outlet. From the fifteenth week fetal growth may be accurately observed.

Radiographs made shortly before the estimated time of delivery show the position of the fetus and furnish most complete anatomical information. They reveal the type of pregnancy—normal, multiple, extra-uterine—and indicate fetal abnormalities.

Refer your obstetrical cases to a competent radiologist.

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Gentlemen: Please send me the free publication, "Radiography and Clinical Photography," regularly.

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Bag is made of the very finest black smooth solid cowhide leather; stitched on staunch steel frame. No seams on edges or corners. Solid brass extension lock. Heavy black water-proof lining.

Size 16 inches long, 6 inches wide and 10 inches high.

Bottle pad fitted into pocket of bag contains six 1½ oz. emerald green bake-lite capped bottles. Also empty pocket for papers.

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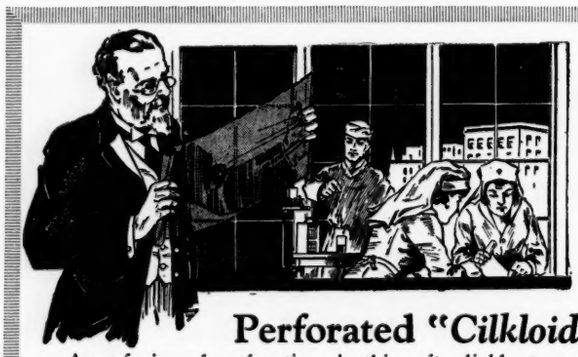

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Perforated "*Cilkloid*"

A profusion of perforations in this soft, pliable, transparent tissue provide adequate air and drainage without permitting granulations to grow through. Serves as a foundation for forming granulations but does not adhere to them when removed. Especially serviceable for skin grafting operations and is usually preferred for dressing amputations, burns, ulcers and all granulating wounds. Very helpful in plastic surgery.

"HOSPITAL PERFORATE" roll 18" x 4 yds. (For Hospitals).....$3.00 **"STANDARD PERFORATE"** roll, 9" x 4 yds. (For Office Use)....$1.75

Impervious "*Cilkloid*"

A most satisfactory and economical occlusive covering for all hot and cold packs, and for all protective coverings. It does not deteriorate on account of age or atmospheric conditions. The double weight is much stronger and is preferred by many doctors and hospitals.

Regular Weight		Double Weight	
"HOSPITAL" roll 18" x 4 yds...	$2.00	**"HOSPITAL HEAVY"** roll 18" x 4 yds...	$2.50
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Books Received

Books received are acknowledged in this column, and such acknowledgment must be regarded as a sufficient return for the courtesy of the sender. Selections will be made for more extensive review in the interests of our readers and as space permits. Books listed in this department are not available for lending. Any information concerning them will be supplied on request.

Pharmaceutical Formulas. P. F. Vol. II Being the Chemist's Recipe Book of Formulas for Adhesives, Beverages, Cleaning Materials, Culinary and Household Requisites, Horticultural and Agricultural Preparations, Inks, Lozenges, Perfumes, Photographic Preparations, Polishes, Soaps, Toilet Articles, Varnishes, Veterinary Preparations, etc., Including Numerous Descriptions of Practical Methods Employed in Their Manufacture and Other Information of Use to Pharmacists and Manufacturers. By G. P. Forrester, F. C. S. Tenth edition. Cloth. Price, 15s. Pp. 983. London: Chemist & Druggist, 1934.

Investigaciones sobre la enfermedad de Chagas. I: Comprobación de formas agudas de tripanosomiasis americana en el Chaco Austral y Santafecino. II: Comprobación de formas crónicas cardiacas de tripanosomiasis americana en el Norte Santafecino. III: Nuevas investigaciones sobre animales naturalmente infectados con Trypanosoma cruzi en el Norte Santafecino. Por el Doctor Cecilio Romaña. Universidad de Buenos Aires, Misión de estudios de patologia regional Argentina, Jujuy, publicación No. 14. Paper. Pp. 45, with illustrations. Buenos Aires: Imprenta de la Universidad, 1934.

Bergey's Manual of Determinative Bacteriology: A Key for the Identification of Organisms of the Class Schizomycetes. By David H. Bergey. Assisted by a committee of the Society of American Bacteriologists: Robert S. Breed, Frank M. Huntoon, Bernard W. Hammer, E. G. D. Murray and Francis C. Harrison. With an index by Robert S. Breed, New York Agricultural Experiment Station. Fourth edition. Cloth. Price, $6. Pp. 664. Baltimore: Williams & Wilkins Company, 1934.

Bijdrage tot de kennis van het rectogenitale syndroom. Door Lucie Esther Meuleman. Proefschrift ter verkrijging van dengraad van doctor in de geneeskunde aan de geneeskundige hoogeschool te Batavia op gezag van den voorzitter der faculteit Dr. W. Radsma, hoogleeraar in de faculteit der geneeskunde, tegen de bedenkingen van die faculteit te verdedigen op Vrijdag 16 Februari 1934 des voormiddags 12 uur. Paper. Pp. 93. Batavia-C.: Druk G. Kolff & Co., [n. d.].

A Study of the Ionization Method for Measuring the Intensity and Absorption of Roentgen Rays and of the Efficiency of Different Filters Used in Therapy. By Robert Thoræus, Fil. Lic., Kalm. Akademisk Avhandling som med Tillstånd för Vinnande av Filosofisk Doktorsgrad. Upsala. Acta Radiologica, Supplementum XV. Paper. Pp. 88, with 40 illustrations. Stockholm: F. Englunds Boktryckeri a.B., 1932.

Addenda to a Bibliography of the Honourable Robert Boyle. By J. F. Fulton, M.D., Sterling Professor of Physiology, Yale University. Reprinted from the Oxford Bibliographical Society Proceedings and Papers, Volume III, part 3, pp. 339-365. Paper. Gratis. Pp. 27. New Haven: Yale University, School of Medicine, 1933.

Report of the Scientific Advisory Board of the Indian Research Fund Association for the Year 1932-33 and Summary of the Report of Governing Body for the Year 1932-33. Paper. Price, Re. 1. Pp. 130. New Delhi & Simla: The Association, 1933.

Hallucinations ou miracles? Les apparitions d'Ezquioga et de Beauraing, la prophétie du Moine de Padoue. Par Pascal Brotteaux. Paper. Price, 10 francs. Pp. 145. Paris: Editions Véga, 1934.

(Continued on page 50)

(Continued from page 45)

FOR SALE—INDIANA—COMPLETE STOCK OF drugs and equipment including office furniture; town of 600 in north central part of state; one of best farming districts in state; good living assured; terms $1,000 cash. Add. 8793 P, % AMA.

FOR SALE—ILLINOIS—COMPLETE STOCK OF drugs and equipment, including office furniture; practice of deceased physician; town of 6,000, in eastern part; good living; oculist; terms, $1,000 cash. Add.: Mrs. A. M. Earel, Hoopeston. P

FOR SALE—ROCKLAND, MAINE—POPULATION 9,000, good location; office equipment, including furniture; office occupied 44 years; going out of business on account of x-ray burn of hands. Add. 8845 P, % AMA.

FOR SALE—MINNESOTA — COMPLETE EQUIPment (practice included); including x-ray, diathermy and alpine lamp; population of town, 600; diversified farming; west central Minnesota; community owned hospital; present doctor is specializing. Henry Hutchinson, New London, Minn. P

FOR SALE—MISSOURI—$8,000 OFFICE EQUIPment and general practice for $6,000, one half cash, balance easy terms; collections last year more than $6,000; can be increased by doing surgery; no real estate, transferable appointments; going to specialize. Add. 8858 P, % AMA.

FOR SALE—NEW JERSEY—$7,500 CASH GENERAL practice; moderate amount of surgery; only those who have at least $1,000 cash need answer. Add. 8856 P, % AMA.

FOR SALE—NEW YORK STATE—LONG ESTABlished, highly reputable and profitable practice and doctor's attractive residence with modern offices and equipment; price low; good opportunity. Write for particulars to Fulton Savings Bank, Fulton, N. Y. P

FOR SALE—NORTH CAROLINA—EQUIPMENT A-1 condition; still intact, well established eye, ear, nose and throat practice; physician deceased February 6th; city of 58,000. Add.: Mrs. Chas. R. Reaves, 401 Jefferson Bldg., Greensboro, N. C. P

FOR SALE—PENNSYLVANIA—OFFICE EQUIPment and home of the late Dr. Scholl for sale. Mrs. Ada U. Scholl, Green Lane, Pa. P

APPARATUS, ETC., FOR SALE

FOR SALE—NEW STOCK OF X-RAYS FLUOROscopes, diathermies at tremendous savings; Hanovia home model alpine lamps, brand new, $65 each; write for particulars; also mechanical stages, ophthalmoscopes and otoscopes, Sahli Haemometers and so on; trade ins welcome. J. Beeber Company, 178 Second Ave., New York City. Q

FOR SALE—16 mm MOTION PICTURE OUTFIT, like new; Model K Cinekodak; **f 1.9** and telephoto lenses, Kodacolor equipped; three yellow filters; electrophot exposure meter; rewind; splicer; Filmo 57G projector, regular and Kodacolor; cost over $575; sell $400 cash. Add. 8846 Q, % AMA.

FOR SALE—HAAB GIANT EYE MAGNET—A BIG one, cost over $400, condition perfect in every way; direct current; make me an offer. C. A. Crane, Cleveland Ave., N.W., Canton, Ohio. Q

(Continued on page 52)

IN NEW YORK

MEDICAL MEN
AND WOMEN—
Visiting New York City

will enjoy our accommodations and central location. Easily accessible to Medical Center and down-town hospitals. Club facilities.

Daily Rates from $2.00
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Write for Booklet N

FRATERNITY CLUBS BLDG.
MADISON AVENUE at 38th Street

BONE CONDUCTION
for the DEAFENED

OUR MAIL shows a growing interest among physicians in bone conduction of sound. While it has been our privilege to demonstrate the Lieber Oscillator to many physicians, singly or in groups, unfortunately thousands have not yet had an opportunity to observe the instrument in actual use.

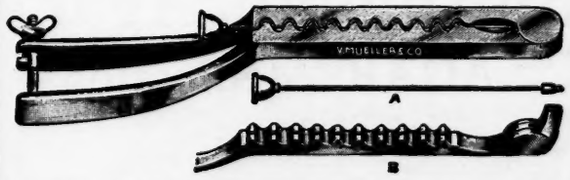
Expansion of our distributive facilities now makes it possible to give a practical demonstration of bone conduction in the office of a physician almost anywhere in the United States.

There is a humane as well as a scientific interest in the full re-creation for the deafened of the happiness of hearing.

If you would like to test the Lieber Oscillator on a deafened patient, in a home or in your office, please advise us and we will make every effort to cooperate.

SONOTONE CORPORATION
19 West 44th Street • New York City
Creators of Portable Bone Conduction

Furniss' Intestinal Anastomosis Clamp



For rapid closure of blind end, end-to-end, end-to-side and side-to-side anastomoses.

In each case the intestine walls involved are secured between the teeth of the clamp and the distal portion removed with the galvanocautery. The reefing needle is then inserted, securing the gut. The clamp may then be removed. It will be found that the clamp has secured the gut on the needle. The suturing then follows.

Price.....$24.50

See article by Dr. Furniss in the February issue of the American Journal of Surgery.

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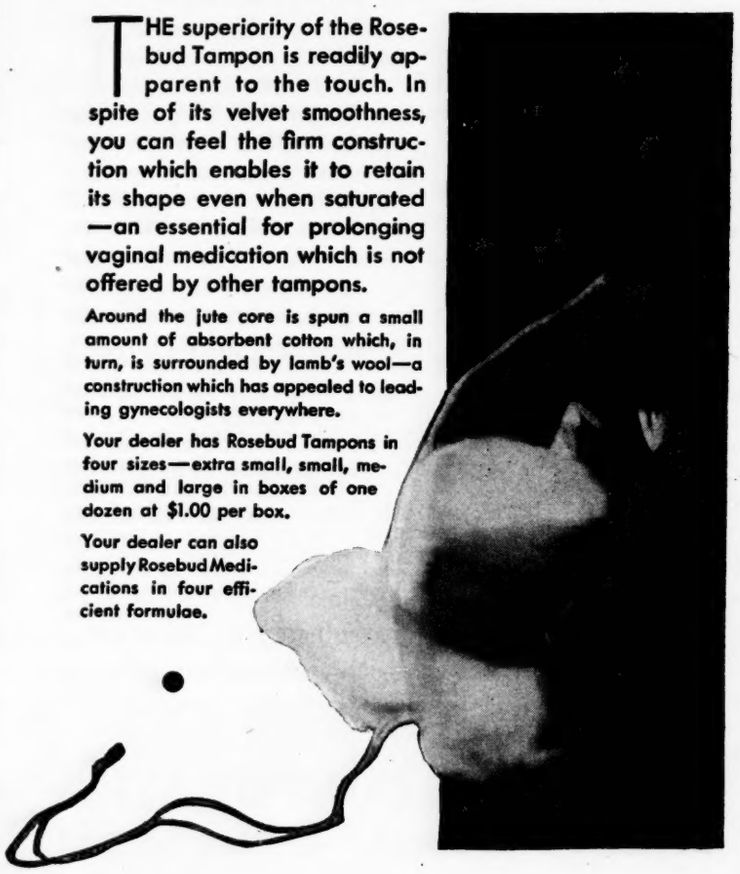
The ROSEBUD TAMPON "McNeil"

THE superiority of the Rosebud Tampon is readily apparent to the touch. In spite of its velvet smoothness, you can feel the firm construction which enables it to retain its shape even when saturated—an essential for prolonging vaginal medication which is not offered by other tampons.

Around the jute core is spun a small amount of absorbent cotton which, in turn, is surrounded by lamb's wool—a construction which has appealed to leading gynecologists everywhere.

Your dealer has Rosebud Tampons in four sizes—extra small, small, medium and large in boxes of one dozen at $1.00 per box.

Your dealer can also supply Rosebud Medications in four efficient formulae.



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(Books Received Continued)

HANDBUCH DER BIOLOGISCHEN ARBEITSMETHODEN. Herausgegeben von Geh. Med.-Rat Prof. Dr. Emil Abderhalden, Direktor des Physiologischen Institutes der Universität Halle a. d. Saale. Abt. XII, Methoden zur Erforschung der Leistungen von einzelligen Lebewesen, Teil 2, Heft 3. Lieferung 425. Methodik der Dunkelfeldmikroskopie. Von F. W. Oelze. Paper. Price, 3.60 marks. Pp. 413-482, with 38 illustrations. Berlin & Vienna: Urban & Schwarzenberg, 1934.

CHINESE MEDICINE. By William R. Morse, M.D., LL.D., F.A.C.S., Dean of Medical School, Head of Department of Anatomy and Associate in Surgery, West China Union University, College of Medicine and Dentistry, Chengtu, Szechwan Province, West China. No. 11, Clio Medica: A Series of Primers on the History of Medicine. Edited by E. B. Krumbhaar, M.D. Cloth. Price, $1.50. Pp. 185, with illustrations. New York: Paul B. Hoeber, Inc., 1934.

STUDIEN ÜBER DIE GASWECHSELVERHÄLTNISSE IM DARM BEI SOGENANNTEM PARALYTISCHEM ILEUS. EINE KLINISCH-EXPERIMENTELLE UNTERSUCHUNG. Von Herman Wahren, Med. Lic. Inaugural Dissertation zur Erlangung der medizinischen Doktorwürde. Upsala. Acta Chirurgica Scandinavica. Vol. LXX, Supplementum XXIII. Paper. Pp. 91, with 4 illustrations. Stockholm: Kungl. Boktryckeriet. P. A. Norstedt & Söner, 1933.

STAND UP AND SLIM DOWN: BEING RESTORATION EXERCISES FOR WOMEN WITH CHAPTER ON FOOD SELECTION IN CONSTIPATION AND OBESITY. By Mrs. Ettie A. Hornibrook (Ettie Rout). Prefaces by Sir Arthur Keith, F.R.S., M.D., F.R.C.S., and Dr. A. C. Haddon, M.A., Sc.D., F.R.S. Second edition. Cloth. Price, $1.95. Pp. 167, with 16 illustrations. Garden City: Doubleday, Doran & Company, Inc., 1934.

MANOMETRIC METHODS AS APPLIED TO THE MEASUREMENT OF CELL RESPIRATION AND OTHER PROCESSES. By Malcolm Dixon, M.A., Ph.D., Sc.D., Rockefeller Lecturer in Biochemistry in the University of Cambridge. With a foreword by Sir F. G. Hopkins, President of the Royal Society. Cloth. Price, $1.75. Pp. 122, with 19 illustrations. Cambridge: University Press; New York: Macmillan Company, 1934.

STUDIEN ÜBER DIE PERMEABILITÄT DER RETINA. Von Henry Key, Med. Lic. Inaugural Dissertation zur Erlangung der medizinischen Doktorwürde. Upsala. Sonderabdruck aus Acta Societatis Medicorum Suecanae, Band LVIII, 1932. Paper. Pp. 82, with 29 illustrations. Stockholm: Isaac Marcus Boktryckeri-Aktiebolag, 1932.

ALLERGY IN GENERAL PRACTICE. By Samuel M. Feinberg, M.D., F.A.C.P., Assistant Professor of Medicine and Attending Physician in Asthma and Hay Fever Clinic, Northwestern University Medical School. Cloth. Price, $4.50. Pp. 339, with 24 illustrations. Philadelphia: Lea & Febiger, 1934.

A TEXTBOOK OF THE PRACTICE OF MEDICINE. By Various Authors. Edited by Frederick W. Price, M.D., F.R.S., Consulting Physician to the Royal Northern Hospital, London. Fourth edition. Cloth. Price, 36s. Pp. 1995, with illustrations. New York & London: Oxford University Press, 1933.

THE NEGRO PROFESSIONAL MAN AND THE COMMUNITY WITH SPECIAL EMPHASIS ON THE PHYSICIAN AND THE LAWYER. By Carter Godwin Woodson. Cloth. Price, $3.25. Pp. 365. Washington, D. C.: Association for the Study of Negro Life and History, Inc., 1934.

THE CHEMISTRY OF ANTIGENS AND ANTIBODIES. By J. R. Marrack. Medical Research Council, Special Report Series, No. 194. Paper. Price, 2s. 6d. Pp. 135, with 26 illustrations. London: His Majesty's Stationery Office, 1934.

L'ANNÉE THÉRAPEUTIQUE: MÉDICATIONS ET PROCÉDÉS NOUVEAUX. Par le Dr. A. Ravina. Huitième année, 1933. Paper. Price, 18 francs. Pp. 192. Paris: Masson & Cie, 1934.

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Stokely's STRAINED FOODS for Baby

EVER since medical science recognized the value of using strained fruits and vegetables in cans, letters have poured into Stokely Brothers & Company.* Doctors, dietitians and mothers have asked for strained foods which would give baby the advantages *they* enjoy in Stokely's Finest Vegetables—garden freshness, abundant food value and the extra protection of golden enamel lined cans.

Stokely's Strained Foods for Baby are the answer to their requests. The finest products of Stokely's vast, scientifically controlled farmlands—they are picked and specially prepared *immediately* by processes which conserve *all* of the fruit or vegetable, except coarsest fibrous material, and retain vitamins and mineral salts in high degree. Moreover *these* strained foods provide two very special advantages:

1. *Correctly Seasoned*

Correct quantities of salt or sugar are added to each Stokely Food as it is being prepared. This brings out the full flavor—makes the food taste so much better that baby eats it eagerly. It enables the mother to maintain absolute uniformity in feedings and to follow your instructions accurately. She simply heats and serves the food, *just as it comes from the can, exactly* as you direct.

2. *Protected in Golden Enamel Lined Cans*

Every Stokely Strained Food is packed in a special size can lined with spotless golden enamel. This lining is the most satisfactory method known for packing foods.

It protects the contents from contact with tin, guards against specks, spots and discoloration—against any action which might lessen flavor or appearance.

We want you to try these better, protected strained foods which can simplify infant feeding both for baby and the mothers of your patients. If you will return the coupon, we'll gladly send you a complete assortment of Stokely's Strained Foods for Baby free of charge.

**Stokely Brothers & Co., have been known for 35 years as growers and packers of fine vegetables. For your family meals you'll enjoy Stokely's Finest Foods—28 popular vegetables—protected in golden enamel lined cans.*

Stokely's Specially Prepared Strained Foods for Baby

Strained Green Beans
Tomatoes - Apricots
Carrots-Spinach-Prunes
Vegetable Soup - Peas

NRA

ACCEPTED AMERICAN MEDICAL ASSN. Committee on Foods

STOKELY BROTHERS & CO., Inc., 2073 S. East St., Indianapolis, Ind.

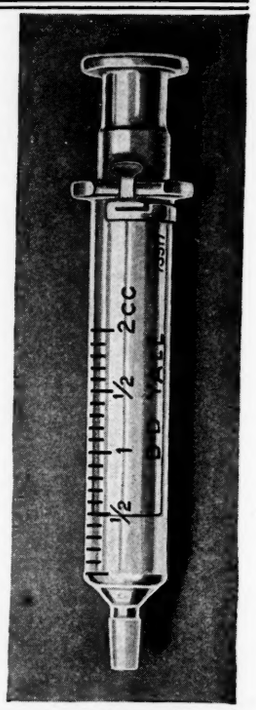
Please send me, FREE OF CHARGE, a complete assortment of Stokely's Strained Foods for Baby.

Doctor

Address

(This offer limited to Physicians in United States and Canada)

There seems to be a TENDENCY to return to FUNDAMENTALS



A PERIOD of economic stress and strain always promotes false issues. Like paying a low price for a sub-standard hypodermic syringe in the hope that it will merit its cost. It never does.

The B-D Yale Syringe delivers not fifty, but more than one hundred and fifty hours of continuous sterilization. It has a tip that is not average—but much stronger than average. The base of the barrel is not of common design—but flared and reinforced to reduce breakage. Into this syringe go many extra operations, *each adding to its cost of manufacture* and *each decreasing its cost to you* because of the longer life and extra service made possible.

No syringe is more economical than the B-D Yale.

B-D PRODUCTS
Made for the Profession

BECTON, DICKINSON & CO., RUTHERFORD, N. J.

(Continued from page 49)

FOR SALE—GENERAL ELECTRIC RADIOGRAPHIC and water cooled therapy equipment; C. D. X. dental x-ray with chair; practically new; good buy for radiologist or hospital; everything for first class x-ray laboratory included; cost $18,500, sell for $8,000 cash. Address Dr. Mark E. Bowles, 904 Carew Tower, Cincinnati, Ohio. Q

APPARATUS AND INSTRUMENTS

ULTRAVIOLET APPLICATIONS TO BEDRIDDEN patients are a comparatively simple procedure with the new Hospital Model Super Alpine Sun Lamp shown on page 22. It is easily portable, and the lessened treatment time required makes it unusually practical for hospital work. The manufacturer will be glad to supply full details.

FOR BOTH PROFESSIONAL AND LAY USE, THE two Mazda Sunlight Lamps advertised by the General Electric Company on page 61 may be relied upon for mild, but effective, radiation. The Type S-1 lamp at 60 inches, or the Type S-2 lamp at 20 inches, gives approximately the ultra-violet intensity of midday, midsummer sunlight. Fixtures are available in attractive styles and finishes. Why not write for information about any installation in which you are interested?

THERE ARE SOME VERY GOOD REASONS FOR the wide popularity of the Meding Tonsil Enucleator illustrated on page 44. If you are not using it and are not familiar with its advantages you can secure complete details by writing to the Harlem Eye & Ear Hospital, at address given.

IS YOUR HOSPITAL OR SANITARIUM EQUIPPED with facilities for ultra-violet group irradiation? Institutions of all kinds are finding it a most practical procedure to install the Eveready Carbon Arc Solarium Units, manufactured by the National Carbon Company. Advertisement of this firm appears on page 63 and literature is, of course, available.

DIETETIC PRODUCTS

AN EXTRA SOURCE OF VITAMIN D WHICH ought not to be overlooked is now available in Bond Bread, a product of the General Baking Company. This valuable factor is added to the bread in amount of 95 Steenbock (950 ADMA) units to each pound of bread. You'll want to read the quotations from new research on dental caries, given on page 60, and the General Baking Company will be glad to supply further information concerning Bond Bread.

DRUG ADDICTS

DRUG AND ALCOHOLIC PATIENTS ARE HUmanely and successfully treated in Glenwood Park Sanitarium, Greensboro, N. C.; reprints of articles mailed upon request. Address W. C. Ashworth, M.D., Owner, Greensboro, N. C.

FARMS FOR SALE

SALT RIVER VALLEY, ARIZONA, WHERE THE winter days are days of sunshine; land especially adapted and proven for the growing of grapefruit, oranges and lemons, dates, olives and figs can be had moderately priced and on reasonable terms in tracts of five acres up; fertile soil irrigated by gravity from storage dams; ideal climate, good roads, schools and churches, with city comforts in country homes, adjacent to the city of Phoenix. Write for free Arizona folder, C. L. Seagraves, General Colonization Agent, Santa Fe Railway, 975 Railway Exchange Bldg., Chicago.

INSTRUMENT CABINETS

NEW INSTRUMENT CABINETS (WOOD)—2 GLASS doors, 6 shelves, drawer in center; $19; new and used equipment bought and sold. A. M. Clark Co., 329 S. Wood St., Chicago, Ill.

MISCELLANEOUS

THE BATHROOM HAS BEEN CALLED 'THE MOST dangerous room' in the home. Where there are small children or old people in the home, the protection against slipping afforded by the Footsure Safety Bath Tub Mat is well worth consideration. Advertisement appears on page 42. Note that circular is available and that sample Mat for your own use may be secured at a reduced price.

OFFICE FURNITURE

THE URGE TO REFURBISH AND REFURNISH, so prevalent about this time of the year, may bring with it an overwhelming desire for new office furniture. But whether or not you contemplate such a purchase, you really should know about Hamilton Modern Medical Furniture. The Examining Table shown on page 22 gives some idea of the fine appearance of this furniture, and the coupon will bring complete catalog.

PHARMACEUTICALS

FOR IODINE THERAPY RIODINE (ASTIER), ADvertised on page 37, has advantages well worth your study. It is particularly desirable in those cases where continuous action of small amounts of iodine is desired. Sample and information concerning this product and also Arheol (Astier), described on the same page, will be furnished by the manufacturer upon request.

IN FEBRILE CONDITIONS OF CHILDHOOD, such as measles, scarlatina, mumps, etc., Pyramidon will be found of value in relieving the discomfort and gradually reducing the fever. It is supplied in 1½ grain tablets which are readily crushed, or as a palatable Elixir containing 2½ grains to the teaspoonful. Further information concerning its use is given in the advertisement of H. A. Metz Laboratories on page 32.

(Continued on page 54)

JOURNAL CLASSIFIED ADS BRING GOOD RESULTS

Improved Hi-Dial Weight and Height Scale

Weighs accurately from a fraction of a pound up to 300 pounds. Automatic, no beams to adjust.

Chromium plated measuring rod measures up to 78 inches by ¼ inch.

Attractive chromium trim, finely finished. Floor space required, 10" x 14½". Stock colors, white with black trim or green with dark green trim. Model No. 722.

$22.50 with rod, $17.50 without rod, plus freight from Chicago. Special colors, $1.50 extra. Grained walnut or mahogany finish $5.50 extra.

Hanson Scale Co., Est. 1888
545 North Ada Street
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DISPENSE YOUR OWN MEDICINES—There are many advantages in personally supervising the administration of drugs you use. We manufacture and ship direct to physicians in any part of the U. S. everything pharmaceutical, i. e., tablets, lozenges, ointments, etc. Every product is ready for immediate use, easily dispensed. We guarantee them true to label and of reliable potency. Our complete catalog should be in the hands of every physician who dispenses. Mailed free on request.

THE ZEMMER COMPANY
Chemists to the Medical Profession
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NATURAL MOTION ARTIFICIAL LEG

Special Price $100.00

Offered for a limited time only, in order to keep our shop busy.

As comfortable a prosthesis as money and skill can produce. Beautifully constructed with articulation at the toe, ankle and knee.

Write for illustrated catalogue and measurement chart.

DETROIT
ARTIFICIAL LIMB WORKS
310 Woodward Avenue
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NEW ANO RECTOSCOPE

Dr. Harry E. Bacon
Philadelphia

For viewing parts directly above or below anorectal line difficult to see with ordinary speculums except in hospital or with help of assistants.

Light from lamp in handle is projected diagonally toward slot. Speculum is self-retaining and may be rotated to make thorough exploration. For diagnosis and treatment, see J. A. M. A., Feb. 10, 1934.

Price, with connecting cord, $15.00

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Insurance

No doubt you are a careful driver but personal injuries will occur. Our Accident Policy pays $25 Weekly Benefit and $5,000 Death Benefit. Costs only $13.00 yearly. We paid out $300,750.78 for fatal and non-fatal accidents during 1932. Write for particulars. Three policies issued to one person providing $75 Weekly and $15,000 Death Benefit.

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Laboratory Supplies

AMERICAN-Made GIEMSA STAIN for blood smears. We manufacture a high grade GIEMSA STAIN. $2.00 for 50 grams.
Stains and Reagents carefully made and tested in actual cases.
Write for Catalogue.

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Pharmaceuticals

For 20 Years HAY-FEVER
has been prevented in thousands of cases with
Pollen Antigen Lederle
LEDERLE LABORATORIES 511 FIFTH AVE. NEW YORK

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By BERNARD FANTUS, M.D.

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The Right Remedy In the Right Way

A thorough-going discussion of the important subject of methods of administering medicines, the series of articles published in THE JOURNAL A. M. A. reprinted in convenient handbook form, with a complete index.

A PRACTICAL HELPER

"There is not an idle word in it, and little, if anything is left unsaid," says an enthusiastic reader. Here is the sort of book you will want immediately and refer to constantly.

SOME CHAPTER HEADINGS

Local vs. General Treatment; Applications to the Skin; Local Applications to Mucous Membrane; Peroral Administration; Rectal Administration; Genito-Urinary Medication; Needle Administration.

Semi-flexible Cloth Binding, 438 Pages.
Price, $1.50.

AMERICAN MEDICAL ASSOCIATION
535 North Dearborn Street
CHICAGO

Starch-free DIABETIC FOODS

Bread, biscuits, muffins, pie, pastry, etc., are easily made in the patient's home from strictly starch free, self rising.

LISTERS casein palmnut dietetic **FLOUR**
LISTER BROS., Inc.
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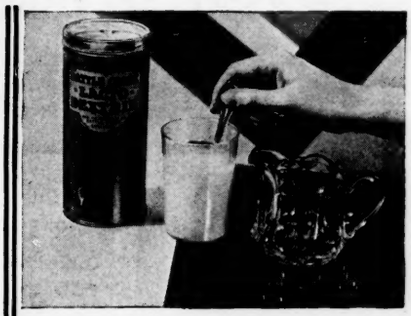
The Journal of the American Medical Association is noted for its authentic advertising and editorial matter. Readers have faith in the integrity of the JOURNAL CLASSIFIED ADS.

Colon Toxemias



ACCEPTED AMERICAN MEDICAL ASSN

A
RATIONAL TREATMENT

A corrective treatment of intestinal putrefaction and resulting toxemia consists in promoting the replacement of the proteolytic organisms with the so-called acidophile, or protective bacteria.

Attempts to bring about this result by the use of cultures is not only expensive, but usually disappointing, because the relief given is only temporary—whatever caused the original trouble is still present in the "soil."

Changing the "soil" by providing a medium suitable for the growth of the normal symbiotic bacteria is an established clinical procedure. It is now made practical by the use of

BATTLE CREEK LACTO-DEXTRIN

Lactose 73%—Dextrin 25%

which provides the proper carbohydrates needed for the growth and reproduction of the normal bacteria—a factor which can be depended upon to counteract putrefactive organisms when the proper "soil" is supplied.

The pleasant taste of Lacto-Dextrin makes it acceptable to the most finicky patient.

MAIL COUPON *For Test Sample*

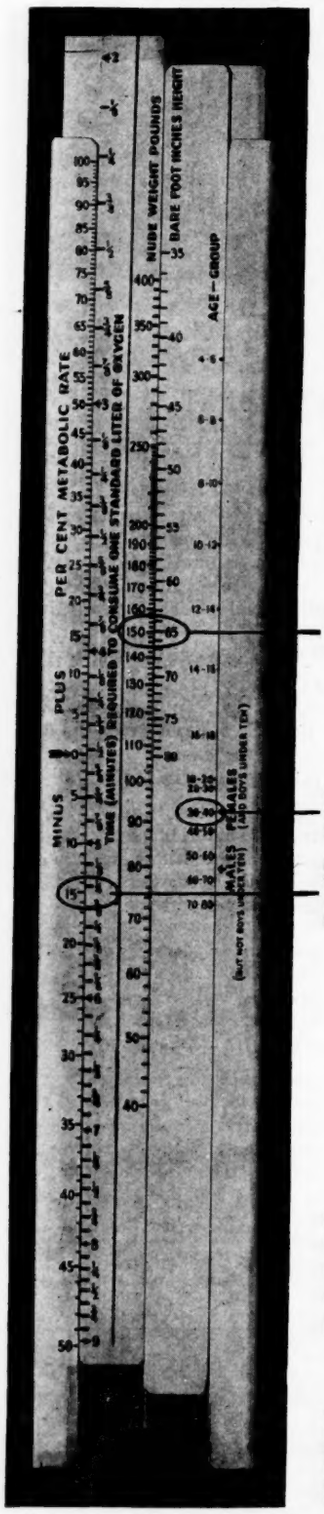
THE BATTLE CREEK FOOD CO.
Dept. AMA-3-34,
Battle Creek, Michigan
Send me, without obligation, literature and trial tin of Battle Creek Lacto-Dextrin.

Name .....

Address .....

.....

THIS IS THE NEW JONES AUTOMATIC BASAL METABOLISM CALCULATOR



SLIDE—SLIDE AGAIN—THEN READ! JUST THAT SIMPLE

Example: Female, age 34, weight 150 pounds, height 65 inches, time 5¼ minutes (required by this patient to consume one standard liter of oxygen).

Simply set age by sex, weight by height, and now the time factor, 5¼ minutes, is pointing directly to this patient's basal metabolic rate, namely, minus 14.

ALL DATA—FOR BOTH SEXES, FROM 4 to 80 YEARS, AND FROM 40 to 400 POUNDS—IS CONTAINED IN THE SMALL SPACE OF THE FACE OF THIS SLIDE RULE DEVICE.

No hunting through pages and charts for correction factors. No figuring to obtain the answer. No mistakes resulting from chance mathematical errors.

NO. 2 SET WEIGHT BY HEIGHT

NO. 1 SET AGE BY SEX

NO. 3 TIME FACTOR POINTS TO METABOLIC RATE

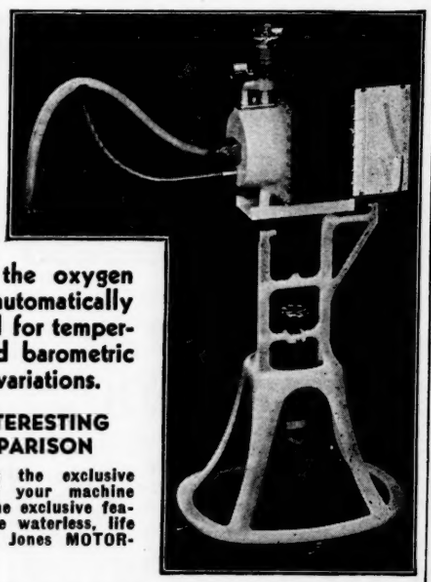
CALCULATIONS ARE THUS REDUCED TO NOTHING AND ARE MORE ACCURATE.

Price $3.25 postpaid.

Can be used only with the Jones BASAL and the new

JONES MOTOR—*Basal*

because these are the only metabolism instruments which measure the oxygen volume automatically corrected for temperature and barometric pressure variations.



AN INTERESTING COMPARISON

Try listing the exclusive features of your machine alongside the exclusive features of the waterless, life guaranteed, Jones MOTOR-BASAL.

NRA MEMBER U.S. WE DO OUR PART

MIDDLEWEST INSTRUMENT COMPANY 1870 Ogden Avenue, Chicago, Illinois 3-31-34

Gentlemen: Please send me

☐ booklet on "Modern Metabolism Testing" ☐ full details on your 7-day trial offer

Name_____

Address_____

(Continued from page 52)

JUST AS HIGH PRICE IS NOT A DEPENDABLE criterion of quality, reasonable cost for a product doesn't necessarily indicate any lack of superiority. The relatively low price of Arm & Hammer and Cow brands of Baking Soda, for instance, is just an additional reason for specifying one or the other when you are prescribing sodium bicarbonate. Advertisement appears on page 41.

PHYSICIANS' BAGS

"FOR APRIL ONLY" THERE'S A REAL BARGAIN offer on the physician's bag shown by the Western Leather Manufacturing Company, page 48. It is well made, of finest black cowhide leather, and is fitted with a removable bottle pad containing six 1½ oz. capped bottles. The price is extremely gratifying. Note that catalog describing other styles and sizes will be mailed upon request.

POST-GRADUATE INSTRUCTION

A CLINICAL AND LABORATORY COURSE IN allergy is announced by the Roosevelt Hospital of New York, on page 69. Enrollment is limited to six for the June course—early registration is most desirable if you are interested. For full particulars write to Dr. Robert A. Cook, at address given.

PUBLICATIONS

MORE THAN ONE HUNDRED LEADING SURgeons contribute to the Nelson New Loose-Leaf Surgery advertised on page 9 of this issue. The work contains about 7,000 pages and over 4,000 illustrations, and includes a 300 page index. It is kept constantly up to date with the new pages covering recent developments, which are supplied every six months. Descriptive booklet will be furnished upon receipt of the coupon.

PUBLISHERS AND PRINTERS

DOCTOR'S STATIONERY SAMPLES—PRICE LIST free. Physicians' labels, 2" x 3", noncurling, gummed paper; name, address, blank lines for directions; 1,000 prepaid, $1.00 cash. Fuller Press, 1880 S. Ogden Ave., Chicago, Ill. GG

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RADIUM PLAQUES FOR SALE—RADIUM WANTed in tubes or needles; supervised radium rental service. Quincy X-Ray-Radium Laboratories, Quincy, Ill.

SURGICAL DRESSINGS

FOR DRESSING AMPUTATIONS, BURNS, ULCERS and all granulating wounds, the perforated "Cilkloid" described on page 48 is exceptionally satisfactory. It is a soft tissue, with a profusion of perforations which provide adequate air and drainage. Prices of this dressing and also the impervious "Cilkloid" are given in the advertisement, and specimens and literature are available.

THE DISCUSSION OF SUTURE FLEXIBILITY ON page 23 is both interesting and informative. And if you are not acquainted with the merits of Davis & Geck sutures, you'll find it worth while to give them a trial. They are not only flexible, but are sterile under the most rigid bacteriologic tests.

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Castle ACCURACY •• Castle EFFICIENCY

Another Outstanding CASTLE Installation

Leadership — there, in a word, you have the reason of the widespread preference for Castle Sterilizer Equipment in America's large hospitals and sanitariums. And such Leadership is indeed based upon a sound foundation.

Castle *simplicity* is outstanding. All unnecessary parts, complicated attachments and "gadgets" have been eliminated in the interest of a simpler, safer, and more accurate sterilization technique. Castle Sterilizing Equipment is honestly designed and sturdily built for many years of trouble-free service. Safety piping used throughout, and Forced Air evacuation (pioneered by Castle!) head the list of many permanent Castle improvements.

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This huge institution in Napa County, California is completely equipped with Castle Sterilizers. Architect: Frederick H. Meyer, San Francisco. Consulting Engineers: Leland & Hanley, San Francisco.

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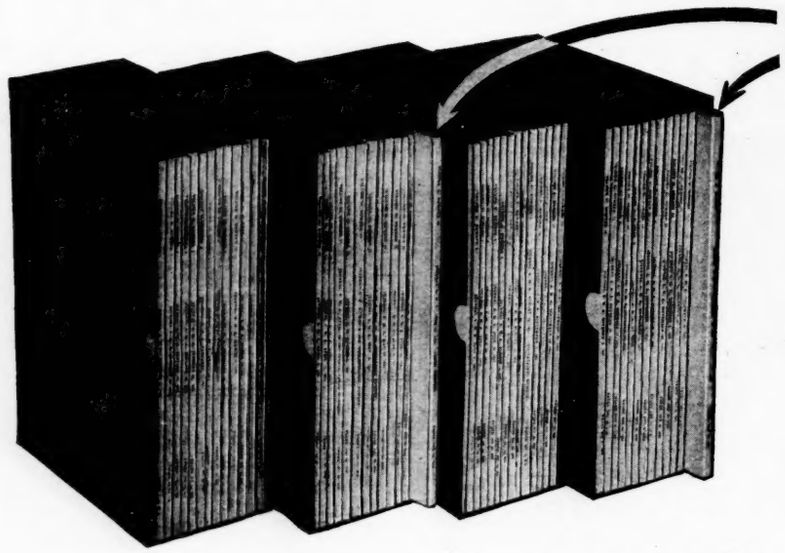

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During the last year the 52 issues of the JOURNAL A. M. A. offered you 4,412 pages of worthwhile information and news. There were 455 original articles selected from over 2,000 submitted. Abstracts from 295 current medical journals, both American and foreign, filled 776 pages. Clinical Notes, Suggestions and New Instruments filled another 93 pages. And so on, through the list of more than twenty departments represented in the JOURNAL A. M. A. each week. You can easily make all of this a part of your permanent library.

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Make a working library of your copies of the JOURNAL A. M. A. The two index numbers each year provide quick reference to material appearing in the 52 issues. Each file case holds 13 JOURNALS, the set of two accommodating one complete volume, or 26 issues. Two sets, or four cases, will hold your JOURNALS for the whole year.

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I HAVE HEADACHES DOCTOR— AND INDIGESTION. I DON'T SLEEP WELL... AND I'M OFTEN NERVOUS AND IRRITABLE!
SOUNDS LIKE OVER-STIMULATION TO ME. IT IS OFTEN ADVISABLE TO BAR STIMULANTS IN CASES LIKE YOURS. I SUGGEST YOU QUIT DRINKING COFFEE
BUT - DOCTOR WHAT SHALL I DRINK?

EVERY physician who encounters cases of over-stimulation soon becomes familiar with the question: "But, Doctor—what *shall* I drink?" And often, "Drink Postum instead," proves to be a helpful answer. For Postum is so delicious that forbidden drinks are soon forgotten. And Postum contains no caffein . . . no stimulant of any kind. It is simply whole wheat and bran, roasted and slightly sweetened. A product of General Foods.

Fill in the coupon or pin it to your prescription blank and we shall be glad to send you a special gift package containing a full-size package of Instant Postum, together with samples of Grape-Nuts, Grape-Nuts Flakes, Post Toasties, Post's Whole Bran and Post's 40% Bran Flakes. Address General Foods, Dept. PY-331, Battle Creek, Mich. If you live in Canada, address General Foods, Ltd., Dept. PY-331, Cobourg, Ont.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

GENERAL FOODS, Dept. PY331, Battle Creek, Mich.

Please send me, without cost or obligation, your special gift package for physicians.

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Fill in completely—print name and address.

This offer expires December 31, 1934

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WITH THE GENUINE COLD-QUARTZ ULTRAVIOLET GENERATING UNIT OPERATING IN ANY DESIRED POSITION, ONLY SLIGHTLY IN EXCESS OF BODY TEMPERATURE AND GIVING OFF RIGHT ANGLE RAYS BOTH LATERALLY AND LONGITUDINALLY, IT IS NOW POSSIBLE TO SUCCESSFULLY IRRADIATE BODY CAVITIES NOT HERETOFORE REACHED.

*. . . "the temperature of the lighted tube of the COLD-QUARTZ Ultraviolet Generator, when inserted in the vagina of a thirty pound dog, did not exceed 44.5 C. (112.1 F.) with a current of 15 milliamperes flowing through the lamp."

COLD-QUARTZ

REGISTERED TRADE MARK

is the registered trade name

of the low temperature Ultraviolet Generators manufactured and marketed exclusively by the Electro Therapy Products Corporation. You are cordially invited to investigate this approved whole body, whole cavity instant action low temperature apparatus. Look for the Registered trade name COLD-QUARTZ before you buy!

*Extract from report adopted by the Council on Physical Therapy of the American Medical Association.

ACCEPTED *by the* COUNCIL ON PHYSICAL THERAPY *of the* AMERICAN MEDICAL ASSOCIATION

Reprints of articles dealing with the use of COLD-QUARTZ in cavities will be cheerfully forwarded on request.

ELECTRO THERAPY PRODUCTS CORP.

A National Organization to Serve You!

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PORTLAND
NEWARK

CURD TENSION

—AND INFANT FEEDING—

BREAST MILK

←Breast Milk - Tests 0 Gms.

The curd tension of breast milk averages 0 Gms. Breast milk is the one and only food for infants when available.

SIMILAC - Tests 0 Gms.→

The curd tension of Similac averages 0 Gms. Similac successfully nourishes infants when breast milk is not available.

SIMILAC

"Doubling the curd tension of milk increases the length of the digestive period from 30 to 65 per cent."[1]

[1]Espe & Dye, Digestibility of Milk—American Journal of Diseases of Children, Page 69, Vol. 43, No. 1, Jan., 1932.

POWDERED MILK

←Powdered Milk-Tests 16 to 32 Gms.

The curd tension of powdered milk is from 16 to 32 gms.

Cow's Milk - Varies 20-200 Gms.→

The curd tension of cow's milk varies from 20 to 200 gms.*

*R. L. Hill, "Soft Curd Milk", Bulletin 227, Utah Agricultural Experiment Station, Logan, Utah.

COW'S MILK

SIMILAC—Made from fresh skim milk (casein modified); with added lactose, salts, milk fat and vegetable and cod liver oils.

Samples and literature will be sent on receipt of your prescription blank.

M & R
DIETETIC LABORATORIES, INC.
COLUMBUS, OHIO

Twin responsibility for the DOCTOR

It is to her doctor that the mother looks—not only for her own well-being—but that of her child.

During pregnancy her own bones and teeth must be safeguarded; but so also must be the developing bones and teeth of the little newcomer. This is the doctor's twin responsibility.

It is a grave responsibility—and a vitally important one. The mother's diet, during pregnancy and lactation, must be—

Rich in Calcium, Phosphorus and Vitamin D.

Therefore, Cocomalt is suggested. For Cocomalt mixed with milk, produces a delicious food-drink not only richer in calcium and phosphorus than milk alone . . . but also containing Vitamin D, under license by the Wisconsin University Alumni Research Foundation. Every cup or glass of Cocomalt, prepared according to the simple label directions, contains not less than 30 Steenbock (81 U.S.P. revised) units of Vitamin D.

Properly prepared, Cocomalt adds 70% more caloric value to milk—increasing the protein content 45%, the carbohydrate content 184%, the mineral content (calcium and phosphorus) 48%. It comes in powder form only, easy to mix with milk. It is sold at grocery and good drug stores in ½-lb., and 1-lb. air-tight cans—also in 5-lb. cans for hospital use at a special price. Equally delicious HOT or COLD.

• • •

Cocomalt is accepted by the Committee on Foods of the American Medical Association. It is composed of sucrose, skim milk, selected cocoa, barley malt extract, flavoring and added Vitamin D.

FREE TO PHYSICIANS: We will be glad to send a trial-size can of Cocomalt free to any physician requesting it. Just mail this coupon with your name and address.

R. B. Davis Co.,
Dept. 27C2, Hoboken, N. J.

Please send me a trial-size can of Cocomalt without charge.

Dr......

Address.....

City.....*State*.....

COD LIVER OIL *for infants*

BOND BREAD

for children and adults

Why cut off suddenly extra sources of vitamin-D at the time when regular doses of cod liver oil or viosterol are discontinued? Bond Bread is such an easy way to provide a rich supply of this scarce vitamin. Moreover, ***vitamin-D is added to Bond Bread in uniform, scientifically controlled amounts.*** The acceptance of the Committee on Foods of the American Medical Association is proof enough that ***Bond Bread is a dependable rich source of vitamin-D.*** 95 Steenbock (950 ADMA) units to each pound of bread.

New Research on Tooth-Decay

Research, just completed, which studied the effect of vitamin-D in the diets of 162 children, again shows the need of this important element. "The results show that the group receiving vitamin-D developed an average of only 0.69 new cavities per child during the year, while in the group on the same diet, without the additional vitamin-D, 1.54 new cavities per child developed. ***From the results it is evident that the addition of vitamin-D to the diet cut tooth decay in half."****

For further information address Dr. J. G. Coffin, Technical Director, General Baking Company, Dept. M-2, 420 Lexington Avenue, New York City.

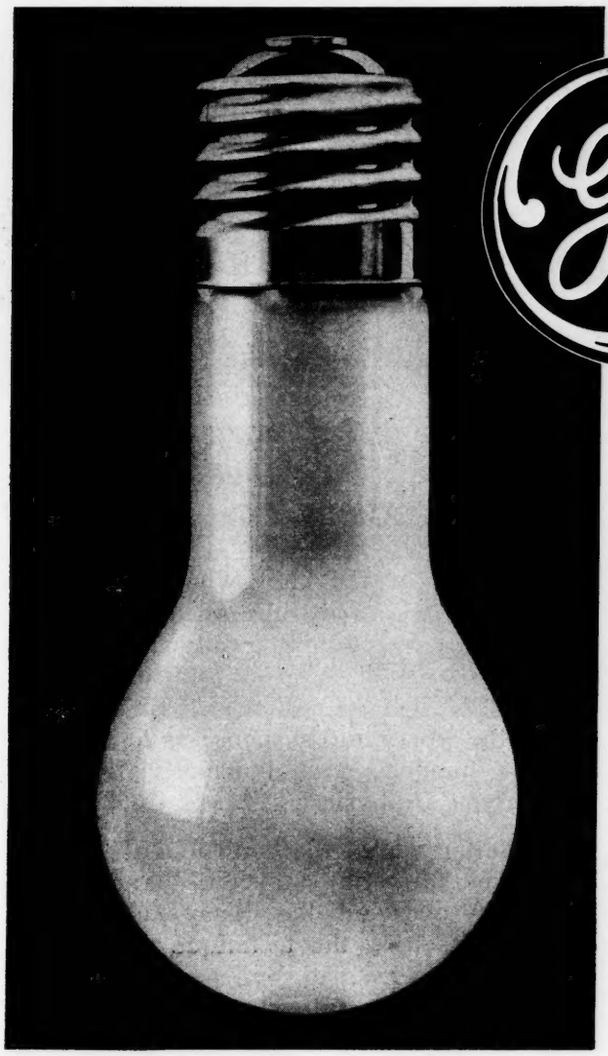
*Conclusions from new research on Dental Caries, Department of Paediatrics, University of Toronto.

ACCEPTED AMERICAN MEDICAL ASSN. Committee on Foods

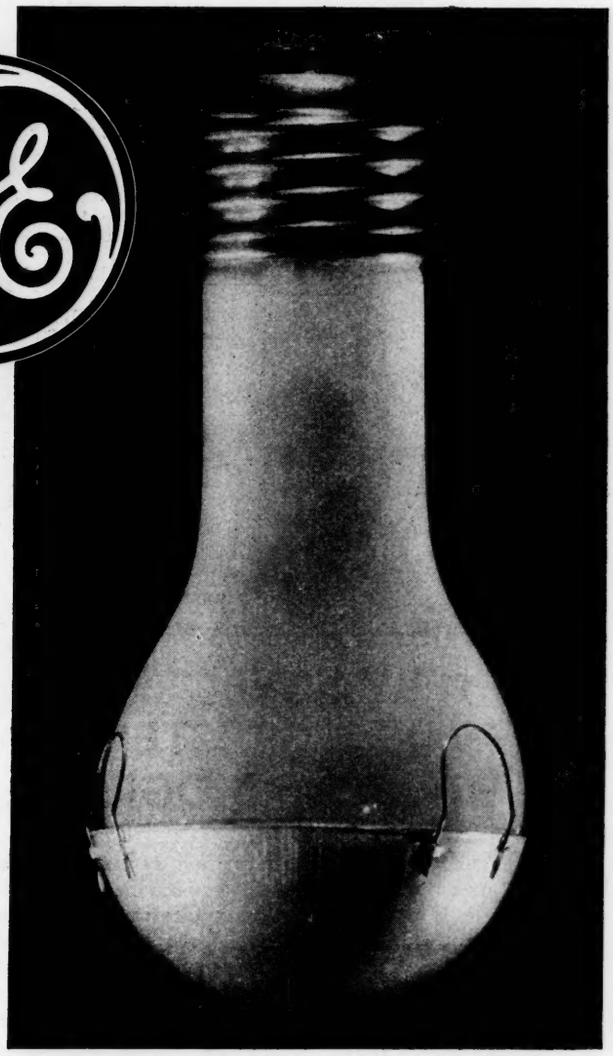
Bond Bread

Also Bond Bakers Wheat Bread

***RICH SOURCES of* vitamin-D**



S-1—OVERALL LENGTH, 6 7/16 INCHES



S-2—OVERALL LENGTH, 4 7/8 INCHES

Two excellent ULTRA-VIOLET sources made available by General Electric

GENERAL ELECTRIC MAZDA Sunlight Lamps, Type S-1 and S-2, provide mild but effective ultra-violet radiation for both professional and lay use.

A pool of mercury forms a mercury vapor arc, rich in ultra-violet, while special filter glass in the bulb cuts out the radiation not found in best natural sunlight.

Goggles are no more necessary with these lamps than with natural sunlight.

As to intensity, the Type S-1 lamp at sixty inches, or the Type S-2 lamp at twenty inches, gives approximately the ultra-violet intensity of midday, midsummer sunlight.

Special fixtures are required for these lamps, since they require a transformer to reduce line current to operating voltage. Sixty cycle, alternating current is required.

Fixtures are available in many attractive styles and finishes.

General Electric Company, Nela Park, Cleveland, O.

Accepted by the Council of Physical Therapy of the American Medical Association

GENERAL ELECTRIC
MAZDA SUNLIGHT LAMPS

NEW SANBORN METABOLISM TESTERS and ELECTROCARDIOGRAFS

HOSPITALS desiring to add to their services accurate basal metabolism testing and electrocardiografy will be interested in the **Sanborn Motor-Grafic Metabolism Tester** and the **Sanborn Electric-Portocardiograf.** Both are standard models, with up-to-the-minute improvements—simplified, accurate and very reasonably priced. More than two thousand Hospitals use Sanborn Metabolism Testers and over 6000 physicians and surgeons. Motor-blower circulation of oxygen, as on the latest model SANBORN MOTOR-GRAFIC provides natural comfortable breathing and simplifies the technician's work in obtaining accurate basal metabolism reports.

No wet batteries are used with the SANBORN ELECTRIC-PORTOCARDIOGRAF. Operating power is obtained by connection to the nearest wall socket. Altho compact and conveniently portable, this latest Sanborn electrocardiograf has the power and accuracy usually found only in the most elaborate apparatus. Anyone can operate it successfully, yet it is a thoroly standard, high-precision electrocardiograf.

Mail the coupon below for new descriptive booklets

SANBORN
DIAGNOSTIC APPARATUS

SANBORN COMPANY
39 Osborn St., Cambridge, Mass.

Yes, send me booklets and quotations on the latest
Sanborn Motor-Grafic ☐
Sanborn Electric-Portocardiograf ☐

Name .....
Street .....
City ..... **State** .....

3-31-34

No more burnt-out tubes due to VOLTAGE OVERLOADING

You know what a burnt-out X-ray tube means in the cost of making radiographs. But it is more important to know that you are through with the worry and suspense as to when it might happen—and it usually happens when you are busiest.

No matter where the control dials of the Techron may be set, you cannot accidentally overload the X-ray tube. For instance, setting the technique selector at 100 M.A. Bucky grid, and part selector to lateral lumbar spine, would ordinarily blow out the X-ray tube, but the controlling elements of the Techron would not permit such an exposure to be made.

Other equally important features of the Techron, that guarantee uniform high-class radiographs consistently, are described in Bulletin No. 30. Mail the coupon.

Kelēket

The Techron

THE KELLEY-KOETT MFG. CO., INC.,
213 West Fourth Street,
Covington, Kentucky.

Gentlemen: Please send me Bulletin No. 30, telling about the Techron with its standardized energy technique.

Name .....
Address .....
City ..... *State* .....

BRIEF EXPOSURE . . .

. . . *produces erythema*

MINIMUM perceptible erythema is produced on the average patient by a brief exposure, at normal irradiating distance, to the light from Eveready Therapeutic C Carbons used in an Eveready Solarium Unit or Professional Model Carbon Arc Lamp.

The intense ultra-violet output of these lamps is one reason for their wide acceptance by the medical profession.

Another reason is their close duplication of natural sunlight when Eveready Sunshine Carbons are used.

Eveready Carbon Arc Solarium Units are used for group irradiation in hospitals, tuberculosis sanitariums, orthopedic clinics and schools throughout the country.

Eveready Professional Model Carbon Arc Lamps are in use in many hospitals, as well as in physicians' offices, for individual treatment.

● ***Accepted by the Council on Physical Therapy of the American Medical Association and by the American College of Surgeons.***

NATIONAL CARBON COMPANY, INC.
Carbon Sales Division, Cleveland, Ohio
Unit of Union Carbide UCC and Carbon Corporation
Branch Sales Offices: New York ◇ Pittsburgh ◇ Chicago ◇ San Francisco

·EVEREADY·
CARBON ARC
UNITS

VITAMIN FOOD CO., INC. VEGEX, INCORPORATED

122 HUDSON STREET, NEW YORK, N. Y.

OFFICE OF THE PRESIDENT

THE World War put a quietus on public interest in pure food. The Tugwell Bill has waked it up. One editor calls it "the rebellion of the consumer against advertising." Printers' Ink, March 8, 1934, says,

> "Last week in Washington several women appeared before the Senate Commerce Committee to express their sentiments in regard to pending food and drug legislation. * * * Education, breeding, tolerance and common sense characterized all they said and all they did. * * * They brought out with dramatic emphasis an issue about which advertisers will have to do something—and do it in a hurry. * * * In dignified and correct English they pronounced themselves skeptics in their estimate of advertising. When it came to buying foods, proprietaries and cosmetics, they preferred to rely upon the Government rather than upon the manufacturer. In other words, they wanted Federal grading in these merchandise classifications. Brand names, to them, meant little or nothing."

The radio is changing things. Information goes quickly to millions by radio. Special pleading and half-truth hurt more than they help; are quickly unmasked by most listeners-in.

We talked to some 800,000 people at the Vegex exhibit in the Hall of Sciences at A Century of Progress. There was little confidence in advertising. The leagues, committees, food experts and "doctors" certifying foods and drugs have little hold on the consumer's confidence, whatever the attention value in advertising.

The Tugwell Bill, written out of the best experiences had in state and federal pure food and public health work during the past thirty years, is supported by the officials, home economics workers, dietitians and nurses—people who know, who have the knowledge and means to bring the truth and fairness to the top; groups which form a sound and lasting foundation for consumers' confidence.

These and the women's clubs make up, or direct, the circulation sold to advertisers; make up or direct purchasing of the advertised products. They are organizing that tidal wave of public sentiment which no opposition ever withstands. Food, drug and cosmetic industries, with nothing to fear and all to gain from the full truth in label and advertising, should join them.

Federal Work Needs Food Standards

Power given the Secretary of Agriculture to adopt regulations and standards is opposed. All state laws provide such power, necessary for intelligent and fair administration. There must be standards for measurement. State laws empower officials to adopt "standards for quality, purity and strength" of foods. The U. S. Pharmacopoeia is, in all laws, the standard for drugs.

The opposition placed the word "minimum" before "standards of quality" for foods in Senate substitute bill 2800. It has been eliminated. "Minimum quality" would further destroy consumers' confidence in both home and world markets; would mean "minimum" protection, "minimum" truth in advertising, "minimum" nutritional value, "minimum" sanitary protection. At least 50,000 bottle-fed babies—it is nearer 100,000—are saved each year from death through high standard milk. "Minimum" sanitary quality killed the babies.

The Association of Official Agricultural Chemists, public health officials, bacteriologists, sanitariums, through years of research and independent confirmation, have established an effective and fair code of food standards, now in use throughout the states and cities. Their work should not be set aside. It forms the very foundation of food law uniformity and consumer confidence. Legal authority for the adoption of such standards should be placed into the national law in the language existing uniformly in the state laws.

The Secretary of Agriculture should be left free to consult or appoint committees from all branches of the food and drug industries; all professions, medicine, pharmacy, chemistry, sanitation and nutrition. After this, fix the responsibility on one man instead of dividing among the fourteen which the opposition would set above the Secretary.

A Super-Committee Over Federal Prosecutions Will Hamper State Work

Some attorneys specializing in these laws want a super-committee set up between the findings of the Department of Agriculture and the courts. Stopping unclean milk, spoiled fish and other things, dangerous to health and coming through interstate commerce, would be more difficult, with the necessity for a hearing by the committee in Washington, before a state or city health officer could take action. Local and federal inspectors could not cooperate until the central, super-committee passed on it.

"The Poor Man's Medicine"

Statements that the Bill will require prescription for mouth wash and will take the "poor man's medicine" away from him, are untrue. The poor man and other men will have more truth about medicines offered for self-treatment, with less to induce the dangerous false hope.

The Voluntary Permit

The voluntary permit section in Senate Bill 1944, now eliminated, would substitute prevention for prosecution, help advertising through the compelling urge to advertise Government acceptance, increase consumers' confidence and give higher standing in foreign markets. Producers and small manufacturers could be grouped and provision made for cooperation with state health and pure food departments in the matter of permits. The federal meat inspection with "inspected and passed," "certified milk," "bottled-in-bond whiskey" and the state fertilizer and feeding stuff laws, strongly support the permit method for pure food control.

Opposition's Attempt to Eliminate Guarantee to Jobbers and Dealers Defeated

The guarantee of purity in the present laws protects the wholesale and retail druggist and pharmacist against prosecution for the sins of the manufacturer. State authorities accept a guarantee given under the Federal law. The attempt to eliminate this guarantee protection was easily defeated. Probably no class would more benefit in confidence and monetary gain from the passage of the Tugwell Bill than the retail pharmacist. It will add confidence to their profession.

Vegex Supports Senate Bill 1944, the Administration's Original Bill

Fifteen years in state and federal food and drug control, with another fifteen years in food industry management, including advertising, gives one both the right and the duty to speak about the Tugwell Bill, Senate Bill 1944. It is an honest bill, it confers no arbitrary power, less so in the matter of seizures and prosecutions than in the existing law, far less so than in the state laws.

R. M. ALLEN

Circular giving feeding tests of many vitamin B products, including Vegex, with a sample of Vegex, the Enzyme Autolyzed Extract of Brewers Yeast with salt, vegetable flavoring—vitamins B_1 and B_2 or G preserved in high potency, palatable and easily borne—sent on request.

VEGEX INCORPORATED
122 Hudson Street
New York City

FOR SPECIAL ADULT DIETS

...Unsalted, unsweetened, strained vegetables by Gerber

THIS statement will suggest to many physicians a simple way to overcome one of the most troublesome handicaps to the successful carrying out of special diets.

In chronic cases, especially, the burden of special food preparation may weigh heavily on the household. The actual physical labor of straining fresh vegetables day after day will often break down the routine. Women will ask:

"Can't I buy unsalted, unsweetened, strained *canned* vegetables?"

Today the answer is, "Yes." Gerber's Strained Vegetables are not only unsalted, unsweetened, *entirely* unseasoned, but they also have the great advantage of being thoroughly strained to remove *all irritating roughage*. They are prepared especially for infant feeding, which makes them ideal for all bland diets.

They are soft and uniformly smooth—may be fed through tubes in a semi-liquid state. Being both compact and easily digested, they may be fed in cases where appetite is low and food capacity limited.

From the nutritive standpoint, Gerber's Strained Vegetables are especially acceptable, because the Gerber method of processing in air-excluding containers conserves to a high degree vitamins subject to loss in ordinary cookery.

A final advantage: Gerber products are available almost everywhere—a point of significant importance to the physician who realizes that a special diet, to be effective, *must be practical.*

At GROCERS and DRUGGISTS

Gerber's

9 STRAINED FOODS

Gerber's *Strained Cereal*... 10¼ oz. cans. Gerber's *Strained* Tomatoes... Green Beans... Beets... Vegetable Soup ... Carrots... Prunes... Peas... Spinach... 4½ oz. cans.

A booklet of value. You are invited to send for a copy of "The Use of Gerber's Strained Vegetables in Therapeutic Diets," prepared by Helen S. Clark, M.S., Director of Dietetics, Blodgett Memorial Hospital, Grand Rapids—together with a book of recipes for therapeutic diets. Just fill in and mail the coupon at right.

GERBER PRODUCTS COMPANY, Fremont, Michigan
(In Canada) Fine Foods of Canada, Limited, Windsor, Ontario

Please send me ☐ The Use of Gerber's Strained Vegetables in Therapeutic Diets.
☐ Recipes for Therapeutic Diets. SDI-A
☐ Chemical Analysis for Calculation of Diets.

Name..... *Address*.....

City..... *State*.....

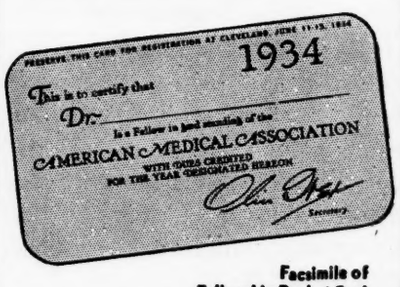
Plan Now
A.M.A. CONVENTION

An Extensive and Varied Program

◆ The forthcoming Annual Session of the American Medical Association in Cleveland presents a most extraordinary opportunity for contact with the manifold developments in today's medicine. It will bring together from all parts of the country and from all fields of medicine those men who are in the forefront of progress. In the General Scientific Meetings and in the group meetings sponsored by the various sections, these men will read papers, deliver addresses, or participate in discussions to set forth the results of their studies. All meetings and Convention activities will be housed in the spacious Public Auditorium, thereby insuring maximum convenience and maximum opportunity to profit from the many and diversified features of the 5-day session. The extensive scientific and technical exhibits can, in themselves, prove to be a veritable postgraduate course for the visiting physician.

OPEN TO ALL FELLOWS
of the
American Medical Association

The Fellowship Pocket Card will admit you to all scientific sessions, exhibits and general meetings. To avoid any delay, it is suggested that Fellows now check up on the date of expiration of their present Fellowship, and be sure to hold a card covering dates of the Convention.



Facsimile of Fellowship Pocket Card

General Scientific Meetings

On Monday afternoon and all day Tuesday, the General Scientific Meeting in Music Hall will present outstanding leaders of the profession in discussions of problems to which they have devoted particular study and investigation. Among these are Radiation in Cancer, Silicosis, Artificial Pneumothorax, Prostatic Hypertrophy, Bronchiectasis in Children, Treatment of Chronic Bright's Disease, Newer Developments in Management of Thyroid Disease, Dyspnea, Significance of Abdominal Pain, New Methods in the Treatment of Syphilis. The entire discussion on Tuesday afternoon will be devoted to Amebiasis.

The Scientific Exhibit

In the large Arena of the Auditorium will be spread an array of scientific exhibits that will challenge the attention of every visitor. There will be nearly 200 individual exhibits, sponsored by the various Sections of the Scientific Assembly. There will be special exhibits on Epidemic Encephalitis, Nutrition, Pathology, Obstetrics in the Home, Emergency Treatment of Eye Injuries, Allergy, Treatment of Burns and an extensive presentation of various phases of Amebiasis which will be closely correlated with the Tuesday afternoon symposium in the General Scientific Meetings.

SECTION MEETINGS

On Wednesday morning will begin the group meetings sponsored by the 16 different Sections of the Scientific Assembly—Practice of Medicine; Surgery, General and Abdominal; Obstetrics, Gynecology and Abdominal Surgery; Ophthalmology; Laryngology, Otology and Rhinology; Pediatrics; Pharmacology and Therapeutics; Pathology and Physiology; Nervous and Mental Diseases; Dermatology and Syphilology; Preventive and Industrial Medicine and Public Health; Urology; Orthopedic Surgery; Gastro-Enterology and Proctology; Radiology; Miscellaneous Topics. It will not be necessary to leave the Auditorium to attend any of these meetings.

TECHNICAL EXHIBIT

Occupying the vast space of the Lower Level will be interesting exhibits by the leading firms of the United States which manufacture or sell the many different commodities needed in the practice of medicine—pharmaceuticals, instruments, apparatus, office supplies, medical books, infant diet materials, and special services. More than 160 firms have already arranged for space. Many will have entirely new items to show.

To Attend
• CLEVELAND • • June 11-15

Covering All Fields of Medicine

HOTEL RESERVATIONS

The Local Committee on Arrangements has appointed a Subcommittee on Hotels, through which all reservations for Convention visitors are to be cleared. The Committee is anxious to have every physician comfortably and satisfactorily located. If a choice of accommodations is desired, it is essential that reservations be sent in as early as possible. Below will be found a list of Cleveland hotels submitted by the Subcommittee on Hotels of the Local Committee on Arrangements. The form at the bottom is for your use in making reservation. Please note that first, second and third choice should be specified. Careful attention to this detail will assure good accommodations in event the hotel of preference is already filled.

COMMITTEE ON HOTELS,
HUBERT C. KING, *Chairman.*

HOTELS IN CLEVELAND

Name and Address	Room—One Person		Room—Two Persons		
	Without Bath	With Bath	Without Bath	With Bath Double Bed	With Bath Twin Beds
ALLERTON, Chester Ave. & E. 13th St.	$2.00–$2.50	$3.00–$3.50	$3.00–$4.00	$4.00	$4.50
AUDITORIUM, St. Clair Ave. & E. 6th St.	.....	2.00– 3.00	.....	3.50– 4.50	5.00– 6.00
CARTER, Prospect Ave. & E. 9th St.	.....	2.50– 5.00	.....	4.00– 6.00	5.00– 8.00
CLEVELAND, Public Square	.....	2.50– 6.00	.....	4.00– 8.00	5.00– 10.00
COLONIAL, 523 Prospect Ave.	1.50	2.50	2.50	3.00	3.50– 4.00
FERN HALL, 3250 Euclid Ave.	.....	1.50– 2.50	.....	2.50– 3.00	3.50
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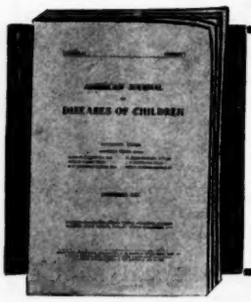

AMERICAN JOURNAL of DISEASES of CHILDREN

for March, 1934

New Developments in Poliomyelitis

Something of the progress which is steadily being made in combating infantile paralysis is reflected in two contributions to the current issue of AMERICAN JOURNAL OF DISEASES OF CHILDREN. Dr. Irving Sherman, Brooklyn, reports results secured from treatment of 71 cases of acute poliomyelitis with blood transfusions from convalescent donors. Dr. John A. Toomey, Cleveland, writes on "Reactions of Patients with Infantile Paralysis to Autonomic Drugs," describing his investigations in localization by the use of autonomic drugs, on 95 selected cases.

Diet Problems

How necessary is "a quart of milk a day for every child?" Research recently conducted at the State University of Iowa would seem to throw new light on this question. The investigation was carried out to learn the influence which variations in the amount of milk ingested (1 pint and 1 quart respectively) have on the retentions of calcium, phosphorus and nitrogen in children of a given group receiving, so far as possible, comparable amounts of vitamin D.

And also of interest in the March issue is the report from the University Hospital, Ann Arbor, Michigan, of studies on the food requirements of girls from 6 to 13 years of age. Findings are described for 28 girls who were fed a uniform type of diet for periods varying from 28 to 192 consecutive days.

Reactions to Schick Tests

To determine whether a change in the Schick reaction usually follows removal of tonsils and adenoids, Dr. William H. Park, Dr. Camille Kereszturi and Dr. David Hauptman, New York, retested after operation 46 children who had given positive reactions to the Schick test before tonsillectomy. These studies are worthy of note —as are also those reported from the obstetrical departments of Johns Hopkins and Sinai Hospitals, where Dick and Schick tests were made on 215 mothers and new-born infants.

Cod Liver Oil Sensitivity

An article on "Cod Liver Oil Sensitivity in Children," by Dr. Ray M. Balyeat and Dr. Ralph Bowen, Oklahoma City, includes case reports of four allergic children who were sensitive to cod liver oil, but who satisfactorily tolerated carotene concentrate fortified with vitamin D.

Dental Caries: Rickets in Relation to Caries

Posture: A Standard for Anterior Posture

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- **Preadolescent Aneoplastic Dyspituitarism of Lorain Type**
- **Congenital Chylous Ascites**
- **Remission in Tuberculous Meningitis**
- **Congenital Rectovesical Anastomosis**

Progress in Pediatrics: Acute Enteritis in Infants and in Young Children

Pediatric Biographies

Pediatrics in Art

News and Comment

Obituaries: Alfred Fabian Hess, M.D.

Abstracts from Current Literature

Society Transactions

Book Reviews

Directory of Pediatric Societies

The above outline of the March issue gives an excellent idea of the vast amount of helpful material presented each month in AMERICAN JOURNAL OF DISEASES OF CHILDREN. You can secure sample copy by mailing the coupon. Subscription price of the journal is $8.00 a year. Canada $8.40. Foreign $9.50.

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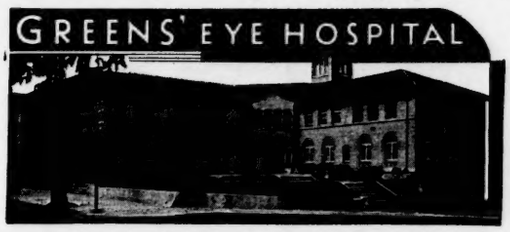

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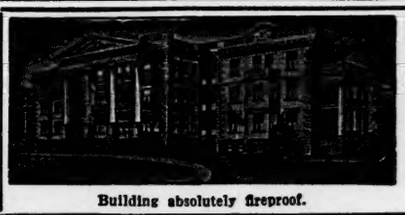
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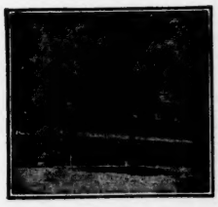
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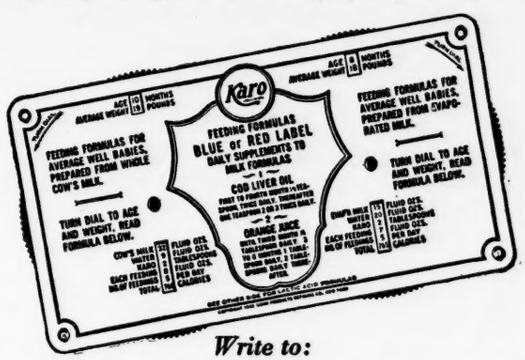
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